



Increasing Opportunities, Expressing Hope.

Volunteer Application

Please complete this application and email it to: Blessedchildrenshopefoundation@gmail.com

Or mail it to:

Volunteer Co-ordinator

Blessed children's Hope Foundation

P.o Box 797-40500 Nyamira –Kenya

Date:

Surname:

First Name:

Title:

Street Address:

City:

State:

Country:

Birthday (day/month/year):

Marital Status Single Married

Nationality:

Telephone (home):

Telephone (cell):

Email:

When are you available to start?

Start Date (earliest):

Latest:

When will you leave?

Earliest date:

Latest:

Is there anything else you would like to tell us?

How did you hear about Blessed children's Hope Foundation?

Have you lived in or visited any other organization in Kenya? If so please list:

Have you applied to any other organization? if so please list:

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Do you have experience in any of these areas or would like to work in any of these areas: Have Experience Would like to work

Providing intimate personal care to the elderly and disabled.	<input type="checkbox"/>	<input type="checkbox"/>
Helping to care and support orphans and vulnerable children living in and out of orphanage.	<input type="checkbox"/>	<input type="checkbox"/>
Doing leisure activities with residents such as playing cards, reading ,taking people for walks	<input type="checkbox"/>	<input type="checkbox"/>
Agriculture (gardening)training	<input type="checkbox"/>	<input type="checkbox"/>
Teaching primary (Grade) School.	<input type="checkbox"/>	<input type="checkbox"/>
Computer training	<input type="checkbox"/>	<input type="checkbox"/>
Working with children	<input type="checkbox"/>	<input type="checkbox"/>
Doing whatever needs doing	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION

Please provide two references .If you are about to or have recently left school or college, one reference should be your teacher /tutor/professor. Otherwise one reference should be your present or a recent employer or someone you have done volunteer work.

FIRST REFERENCE

Name: Telephone: Relationship:
Email:

SECOND REFERENCE

Name: Telephone: Relationship:
Email:

YOURE HEALTH

To the best of your knowledge, is there any reason in respect to your physical or mental health that would keep you from carrying out all tasks described for this position.