



VOLUNTEER APPLICATION FORM

Surname:		First Name:				
Address:						
Telephone:			Today's Date:			
Email:						
Gender	Male		Female			
Age Group	<input type="checkbox"/> Under 18	<input type="checkbox"/> 18-25	<input type="checkbox"/> 26-40	<input type="checkbox"/> 41-55	<input type="checkbox"/> Over 55	
Please select the area you wish to volunteer in: (Tick the appropriate) <ol style="list-style-type: none"> 1. Fundraising 2. IT and Content development 3. Data Visualization 4. Community Activities 5. Grant writing 6. Project Management <input style="margin-left: 20px;" type="checkbox"/> 7. Others. Please specify 						
Please tell us why do you want to volunteer with our organisation? 						
Please tell us what you hope to gain from your experience with us? 						
Please tell us about any educational background, work or volunteering experience that would be relevant to the volunteer role you are applying for. 						



If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role.

What hobbies, skills, special interests or qualities do you have that may be relevant to the volunteer role you are applying for?

When are you available to volunteer? (Please specify days, times and the length of commitment you would like to make)

References: Please supply us with the names of two referees (non-relatives)

Name:

Name:

Address:

Address:

Email:

Email:

Telephone:

Telephone:

Do you have any special needs you would like to share with us?

Any other comments:

Please return to: Uganda Sickle Cell Rescue Foundation First floor, BMK house 4/5 Wampewo Avenue
0750956008/ 0779109410 email : info@uscrfuganda.org