

VOLUNTEER PLACEMENT APPLICATION FORM

Personal/Contact Details

Name			
Address			
Postcode			
Telephone Number		Mobile	
Email address			
How would you prefer to be contacted?			
Age		D.O.B	
Gender	Male	Female	
Nationality			
Occupation/Profession			
Which activities do you prefer from the above mentioned programs?			
Please state when and for how long you would be available for volunteer placement. The maximum stay is six months. Tick duration			
First choice is three months			
Second choice is six months			
Other			

Education Level

Diploma	Degree	Name of Institution
Subjects-Grades/Qualifications obtained or pending		

Employment/Work Experience

Duration	Year	Name of Employer/Organisation
Job title, duties & responsibilities		

Personal Reference

Please provide the name and address of two referees (who must not be related to you).

Name			
Address			
Postcode			
Telephone Number		Mobile	
Email address			
Relationship to you?			

Professional Reference

Name			
Address			
Postcode			
Telephone Number		Mobile	
Email address			
Relationship to you?			

Skills & Abilities

Please state any practical skills or abilities which you feel may be useful

Please state why you want to be a volunteer in Virunga Community Programs

NAME _____

SIGNATURE _____ DATE _____

Please send your application form to: virungaprograms@gmail.com

You will be contacted as soon as possible if you have been selected.