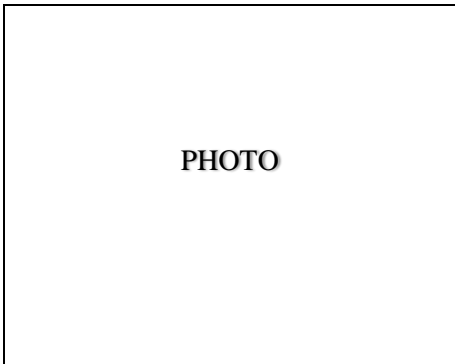




VOLUNTEER APPLICATION FORM



NAME

Form box for name entry

First name

middle Name

Surname

GENDER

DATE OF BIRTH

ADDRESS

TELEPHONE NUMBER

ALTERNATIVE NUMBER

EMAIL ADDRESS

QUALIFICATION(S).....

.....

CURRENT WORK PLACE

.....

HOW DID YOU HEAR ABOUT THE ORGANISATION?

.....

.....



Your skills (please tick all that applies)		Projects which may interest you (please refer to our website for details)	
Administrative		Administrative	
Computer Knowledge		Advocacy	
Teaching		Public Health	
Business & Entrepreneurship		Vocational Education	
Fundraising		Community Projects	
Leadership		Women related projects	
Time Management		Workshops	
Communication		Information & Advice	
Ability to work in a team		Entrepreneurship	
Planning & Prioritizing work		Proposal and Report Writing	
Sales Skills		Health Education	
Report Writing		Fundraising Projects	
Others (<i>Please Specify</i>)		Others (<i>Please Specify</i>)	

WHY DO YOU WANT TO JOIN THE ORGANISATION?

.....

.....

.....

.....

DATE.....

SIGNATURE.....