

Volunteer Application Form



Please write clearly using block letters **Each applicant to complete a separate form.**

Personal Details

Surname _____
First Name _____ Initials _____ Male Female
Your Postal Address _____

Postal Code _____ Fax(Code _____) _____
Tel(*home*) (Code _____) _____ Tel(*work*) (Code _____) _____
ID Number/Passport _____ Date of Birth (YYMMDD) _____
Home Language _____ Country of Residence _____
Occupation _____

Project Details

Project _____ Dates _____

Next of Kin

Surname _____ First Names _____
Address _____

Contact Numbers _____

Special Needs

Do you have any special dietary needs?

Do you have any medical needs we should know of?

Is there anything else we should know about?

Please also attach a short C.V. with cover letter explaining why you want to be volunteering, when returning this form.

Signature of Member

Signature of Guardian if under the age of 18 years

Date

Email form to: info@educaringafrica.org WEB: educaringafrica.org // malawivolunteering.org