

Our Ref: **CACK/VOLUNTEER/AF/SN2019/04/01**

Your Ref:

VOLUNTEER APPLICATION FORM

Personal Information

Full Names	
Date of Birth	
Place of Birth	
Mobile Number	
E-Mail Address	
Profession	
Place of Work / Institution	
Present County	

Availability

During which hours are you available for volunteer assignments? (Tick ✓ as appropriate)

Weekday mornings	<input type="checkbox"/>	Weekend mornings	<input type="checkbox"/>
Weekday afternoons	<input type="checkbox"/>	Weekend afternoons	<input type="checkbox"/>
Weekday evenings	<input type="checkbox"/>	Weekend evenings	<input type="checkbox"/>

Interests

Tell us in which areas you are interested in volunteering (Tick ✓ as appropriate)

1. Administration	<input type="checkbox"/>	2. Newsletter production	<input type="checkbox"/>
3. Events	<input type="checkbox"/>	4. Volunteer coordination	<input type="checkbox"/>
5. Field work	<input type="checkbox"/>	6. ICT	<input type="checkbox"/>
7. Fundraising	<input type="checkbox"/>	8. Financial and Accounting	<input type="checkbox"/>
9. Deliveries	<input type="checkbox"/>	10. Data Analysis	<input type="checkbox"/>
11. Home Based Care	<input type="checkbox"/>	12. Volunteer coordination	<input type="checkbox"/>
13. Counseling	<input type="checkbox"/>	14. Advocacy	<input type="checkbox"/>
15. Cancer screening	<input type="checkbox"/>	16. NCDs Checkups	<input type="checkbox"/>
Specify _____	<input type="checkbox"/>	Specify _____	<input type="checkbox"/>

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency / Next of Kin Details

Name			
Location			
Relationship		Mobile Phone	
E-Mail Address			

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)			
Signature		Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please attach your current **Curriculum vitae** and copy of your **National ID/Passport** and send your completed document to **volunteers@cackenya.org**. If you do not hear from us in two weeks after you send your application, consider yourself unsuccessful or try again.