



UGANDA NATIONAL ASSOCIATION OF THE HARD HEARING

Off Hoima Rd, Kasubi, | P.O.Box 34695, Kila Uganda | Tel:+256-751-001018
Mob:+256-782-537309 | Email: unahoh@yahoo.com | aidngo12@gmail.com
volunteers@unahohuganda.org | Webiste : http://unahohuganda.org

VOLUNTEER FORM

Thank you for your interest in volunteering with the UNAHOH Volunteers are an extremely important part of our organisation, and there are so many different ways to get involved.

This form gives us information about your experiences, interests and availability to volunteer, which will help us find the best volunteering role for you.

Please fill out the form in as much detail as possible and return to
volunteers@unahohuganda.org

For a successful application, as a volunteer you are required to pay US\$200 in advance to enable proper preparations for your volunteering services.

Background of the Applicant

First Name: Middle Name: Last Name:

Date of Birth: Gender: Age Range:

Country of Origin: Passport No.:

Mailing Address

Street Name: City: State: Zip Code:

Contact Information (add country code)

Home Phone: Work Phone: Cell Phone:

Email Address: Alternative Email Address:

Emergency Contact

Name: Contact:

Email Address: Relationship:

Get involved

Are you applying for a particular volunteering role?: Yes No

If yes, please provide details

When are you available to start?

Length of the placement:

Days available: Mon Tue Wed Thur Fri Sat

Please tell us why you would like to volunteer with UNAHOH?

Please share any relevant skills or experience you have for the role. This may include education, work or voluntary experience

Level of English: Not Fluent Fluent Basic English

Work Experience

Beginning with your current/most recent role, please give brief details of any work experience you have, including paid and unpaid work. We'd particularly love to hear about any voluntary experience.

From to	Organisation Name and address	Role

From to	Organisation Name and address	Role

References

References are confidential and are used to help us assess your suitability for the role you would like to do. Please give us the contact details of two people we can approach for references. These should be people who know you well and can comment on your suitability for the volunteering role you are applying for. For example, your present or most recent employer, a tutor from your place of study or your supervisor from any voluntary activity. We will request references once we have received your form so please ask permission of your referees before you submit your application form. We will not accept references from family members.

Please complete all sections.

Name:

Address:

Telephone:

Email:

Occupation:

Relationship:

Name:

Address:

Telephone:

Email:

Occupation:

Relationship:

Declaration

I consent to checks being made with relevant parties and declare that the information that has been given in this form is correct to the best of my knowledge.

Name: Sign: Date:

If you are under 18 this form must be signed by a parent or guardian

Name: Sign: Date: