



Volunteer Application Form

Surname:		First Name:	
Address:			
Telephone:		Today's Date:	
Email:			
Gender	Male ☐	Female ☐	
Age Group	Under 18 ☐	18-25 ☐	26-40 ☐ 41-55 ☐ Over 55 ☐
Please select the area you wish to volunteer in: <i>(include opportunities specific to your organisation)</i>			
Please tell us why do you want to volunteer with our organisation?			
Please tell us what you hope to gain from your experience with us?			
Please tell us about any educational background, work or volunteering experience that would be relevant to the volunteer role you are applying for.			



If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role.

What hobbies, skills, special interests or qualities do you have that may be relevant to the volunteer role you are applying for?

When are you available to volunteer? (Please specify days, times and the length of commitment you would like to make)

References: Please supply us with the names of two referees (non-relatives)

Name:

Name:

Address:

Address:

Email:

Email:

Telephone:

Telephone:

Do you have any special needs you would like to share with us?

Any other comments:

Address: Semuto - Kapeeka, Nakaseke - Uganda

Email: info@solaceafrica.org, solaceafrica452@gmail.com, solaceafricaorg@gmail.com

Whatsapp: +256 76 779 2453

