



RAISING HOPE OF AFRICAN CHILD-UGANDA

P.O.BOX 35662, Kampala- Uganda *East Africa*
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Email: info@rhacuganda.org

Volunteer Application Form (Vol-24/06)-02

(Upon Complete Filling, please either Hand Deliver to nearest Office or email: careers@rhacuganda.org)

Personal / contact details:

Date	/ /
Name	
Address	
Phone 1	
Phone 2	
Email address	
Preferred method of contact	<input type="checkbox"/> Phone Call <input type="checkbox"/> Email
Current occupation	<input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time <u>Details:</u>



RAISING HOPE OF AFRICAN
CHILD-UGANDA

"Leaving No Child Behind"

Emergency Contact Details:

Name:

Mob:

Email:

Relationship to you:

Referees. Please provide the name and contact details of at least two referees:

Name:

☐ Male ☐ Female Phone1:

Phone2:

Relationship to you:

Name:

☐ Male ☐ Female Phone1:

Phone2:

Relationship to you:

Name:

☐ Male ☐ Female Phone1:

Phone2:

Relationship to you:

Experience and qualifications. Please provide details of experience/qualification relevant to this role

Please tick any of these skill areas if they relate to you:

- ☐ **Climate Change & Environmental Sustainability** *[Experience or Specialty in Environmental and Climatic Studies, Natural Resource Management, Hydrological Modelling etc...].*
- ☐ **Food & Nutrition Security and Livelihoods** *[Experience or Specialty in MIYCN, Agricultural Support Services, Economic Empowerment, Livelihoods, and Rural Development etc...].*
- ☐ **Gender & Women Empowerment** *[Experience or Specialty in Psychosocial Support, Community Mobilisation/ Training in Child Protection/GBV/Counselling and Guidance etc...].*
- ☐ **Healthcare & Pandemic Preparedness and Response** *[Professional Medical/Public Health Practitioner Specialising in HIV/AIDS, Palliative Care, SRHR/MRHR, and WASH etc...].*
- ☐ **Education & Skills Development** *[Speciality/Experience in Early Childhood Development Program (Maternal/Infant Nutritional Needs), Vocational Skills Training, Talent Development & Sports Science, Youth Engagement Activities].*
- ☐ **Program Support Functions** *[Experience/Specialty working in Operations (Logistics, Procurement, Accounting, IT, Admin & HR, and MEAL)].*
- ☐ Experience working with people from refugee or Migrant backgrounds.

Please elaborate on these experiences in the space below:RAISING HOPE OF AFRICAN
CHILD-UGANDA*"Leaving No Child Behind"*

Languages spoken	
Other voluntary work	
Personal Information:	
Age	<input type="checkbox"/> 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 55+
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
What is your native language?	
Highest education qualification achieved?	
<p>Have You Ever Been Convicted for Violation of Any Laws, Traffic or Otherwise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Please Explain: _____</p> <p>Do You Have Any Physical Condition that May Limit Your Activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Describe: _____</p> <p>Who to Notify <i>in Case of An Emergency?</i> _____</p> <p>Telephone Number: _____</p>	
<p>Availability and Volunteer Assignment Preferences Please Check All That Are Applicable:</p> <p>I Am Available Morning Hours <input type="checkbox"/> (Mon-Friday) <input type="checkbox"/> Afternoons (Mon-Friday) <input type="checkbox"/> Evenings (Mon-Friday)</p> <p><input type="checkbox"/> Weekends Once a Week <input type="checkbox"/> More Than Once a Week <input type="checkbox"/> One Time Only as Needed</p> <p><input type="checkbox"/> OTHERS Could Serve More Than One Person: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Privacy statement:

The personal information on this form is being collected for the purposes of recruiting and selecting volunteers wishing to work with [Raising Hope of African Child-Uganda](#). The information may also be required for evaluation purposes. Any evaluation reports developed will not identify individual volunteers by name. This information may be shared with Out of School Hours Learning Support Program partner organisations and funding bodies.

☐ Please tick if you would like to receive regular newsletters volunteers/interns Support Programs.

By signing this form, I attest that the information supplied here is true and accurate.

I understand that submitting this application form does not automatically register me a volunteer but that there is a selection process including completion of a satisfactory Working with Children Check and participation in training. I confirm that I am willing to volunteer for at least three-month period.

Signature:

Name:

Date:

[Raising Hope of African Child-Uganda](#) is committed to the safety and wellbeing of all children and young people accessing our services. We protect the rights of children and will act without hesitation to ensure a child-safe environment is always maintained. We also support the rights and wellbeing of our staff and volunteers/interns and encourage their active participation in building and maintaining a safe and secure working environment for all stakeholders.