

C.C.U. Volunteer Application Form

Date:

Contact Details:

Full Name:

.....

Birthday & Age:

.....

Phone Number:

.....

E-Mail:

.....

Postal Address:

.....

.....

Personal Details:

Your Qualifications / Experience:

.....

.....

.....

How did you get to know about C.C.U.?

.....

.....

Do you have any questions about us?

.....

.....

Volunteering Details:

What abilities and qualifications can you bring in? / Area of Interest:

.....

.....

.....

.....

Which days / dates would you like to volunteering with CCU?

<i>(tick)</i>	<i>From – to (time)</i>	
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		From:
<input type="checkbox"/> Wednesday		To:
<input type="checkbox"/> Thursday		(Date / Year)
<input type="checkbox"/> Friday		
<input type="checkbox"/> Saturday		
<input type="checkbox"/> Sunday		

Agreement to the Policy of C.C.U.

It is the policy of this organization to provide equal opportunities without regard to race, colour, religion, nationality, gender, sexual preference, age, or disability. Before I volunteer I am aware of these values and the mission and vision of the organization.

VISION: “We believe that children are precious and important, no matter of their background, health- or social status. They are loved and need to know about their value.”

MISSION: “Children Care Uganda has the mission to give children in any need hope for a better future, encouragement and help in any medical, educational or emotional issue of their daily life.”

With signing I agree CCU saving the information above for internal use.

I've read and understood the policy of Children Care Uganda and agree with my signature below.

Thank you for completing this form and for your interest in volunteering with us. We will get back to you as soon as possible.

.....
Date, Name, Sign (Applicant)

.....
Reived: Date, Name, Sign (C.C.U.)

