# KICVOP-UGANDA



### Application form - Uganda Volunteer Programme

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| PERSONAL DETAILS | | | | | | | |
| First Name: | | Last Name: | | | | | Date of Birth: |
| Address: | | | | | | | |
|  | | | | Nationality: | | | |
| Mobile Phone No | | E-mail Address: | | | | | |
| Name of emergency contact: | | | | Their relation to you: | | | |
| Phone number of emergency contact: | | | | | | | |
| How did you hear about KICVOP-Uganda | | | | | | | |
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| Placement DETAILS | | | | | | | |
| Which volunteer role are you applying for?  (Please X **1 box only**) | | Teacher [ ] | | | General Skills [ ] | | |
| Are you currently in full time education? Yes [ ] No [ ]  If ‘Yes’, please provide the name of your current college/university below: *(Please note that the Teaching programme is open to undergraduates who are currently in their 2nd yr of study, minimum. General Skills is open to anyone over the age of 20.)* | | | | | | | |
| Current college/university name: | | | | | | | |
| Course title and level: | | | | | | Which year are you in? | |
| Employment history | | | | | | | |
| Please provide details of any previous or current work experience (prioritising most recent/relevant): | | | | | | | |
| **Name of employer/ organisation** | **Dates employed** | | **Roles & responsibilities** | | | | |
| 1. |  | |  | | | | |
| 2. |  | |  | | | | |
| 3. |  | |  | | | | |
| General Questions | | | | | | | |
| Do you have any prior experience of working/travelling in a developing country? (Please note that this is **not** a requirement.) If yes, please provide details below:- | | | | | | | |
|  | | | | | | | |
| Why do you want to participate in the KICVOP-Uganda Volunteer programme? What do you hope to gain and what challenges do you expect? | | | | | | | |
|  | | | | | | | |
| In your opinion, what attributes should an overseas volunteer have? To what extent do you think you have those attributes? | | | | | | | |
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| If you wish to add any further information in support of your application, you can do so below:- | | | | | | | |
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| HEALTH |
| *Due to the nature of overseas volunteer work, we are obliged to ask you about your general and mental health. Please be assured that this information will be held in the strictest confidence.* |
| If you have a medical condition, disability or a history of psychiatric illness that may affect your working life in Uganda, please provide details below. Thank you for your cooperation. |
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| DECLARATION | |
| * I confirm that nothing within my personal or professional background deems me unsuitable for a post which involves working with children. [ ] * I hereby declare that I have completed this application myself and my answers are true and accurate, to the best of my knowledge. [ ] | |
| Signature: | Date: |

Email your completed application as an attachment to [kicvop2009@gmail.com](mailto:kicvop2009@gmail.com)

Or post it to: **KICVOP-Uganda P.O Box 34514 Kampala-Uganda (EA).**

Further information of the volunteer programme is also available at [**www.kicvop.com**](http://www.kicvop.com)

**Connect with us on Facebook:** <https://www.facebook.com/KICVOPUganda>

**Thank you for applying!**