Volunteering Application Form

Personal Information

Name:	
Address:	
Phone:	
Email address:	
Nationality:	
Date of Birth:	
Gender:	
Occupation:	
How did you hear al	bout Development Pamoja?
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Why do you think th	nat Development Pamoja is a good match for you?
	ed in a previous volunteering project with a similar agency? If yes,
please give details.	

Volunteer Information

Which type of volunteering position do you wish to apply for? (tick the box which applies)				
Short-Term Volunteer Experience (max 3 weeks)				
Long-Term Specialist Volunteer * If you are applying for a long-term specialist volunteering position, please complete the Specialist Details section of this application form.				
How long do you wish to volunteer for?				
Preferred dates? (please provide as many options as possible)				
Why do you want to volunteer with Development Pamoja in Kenya?				
Have you worked as part of a team before? Please give details.				
Do you have any relevant experience? Note: this is not essential. If yes, please give details.				

Have you previously taken part in an overseas community development project? Note: this is not essential. If yes, please give details.		
Do you have experience of working in another country? If yes, please give details.		
What kind of characteristics do you think an overseas volunteer needs to have? To what extend do you think you have these?		

What are your expectations of this experience? What kind of challenges do you think you will meet?		

Suitability

HEALTH:

Due to the nature of overseas volunteer work we are obliged to ask you – Do you have any medical condition, disability or history of psychiatric illness that could adversely affect your time in Kenya? This information will be held in strict confidence.

REFERENCES:

Please provide the names and full contact details of 2 people who would be willing to provide and opinion on your suitability for this volunteering placement (excluding family members).

Development Pamoja Ltd reserve the right to contact them during the selection process.

Referee #1:

Name:	
Address:	
Phone Number:	
Email Address:	
Relationship to applicant:	
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Referee #2:

· · · · ·		
Name:		
Address:		
Phone Number:		
Email Address:		
Relationship to applicant:		

Additional Information

Please feel free to add any other information here that you would like to provide. Use additional pages if required.

Declaration

- I declare that to the best of my knowledge the information I have given is correct.
- I agree to raise a minimum of €500 to support Development Pamoja's projects.

Signature:	Date:
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How to apply

Please send the completed application form to:

Email: devpamorganisation@gmail.com

OR

Post: Development Pamoja Ltd, "Bell View", The Pond Bank, Church Street,

Douglas, Cork, Ireland