Tel: +256 701 939282. Email: info@saveug.org. Web: www.saveug.org

Save Uganda foundation

***“Together We Can”***


### **International Volunteer Application Form**

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| APPLICANT’S DETAILS |
| First Name:  | Last Name:  | Date of Birth:  |
| Address:  |
|   | Nationality:  |
| Mobile Phone No  | Email Address:  |
| Name of emergency contact:  | What is their relationship to you?  |
| Phone number of emergency contact:  |
| How did you know Save Uganda Foundation (Save Uganda)?  |
| Placement DETAILS |
| Which volunteer role are you applying for? (Please tick **1 box only**) | Community Mobilization[ ] | Networking and partnership [ ] | Grant & Proposal writing [ ] | General Skills [ ] |
| Which placement date is your preference? **Note:** 4week placement, fundraising target= €2506week placement, fundraising target= €375 | **Start date: \_\_\_\_/\_\_\_\_/20\_\_\_\_** | **End date: \_\_\_\_/\_\_\_\_/20\_\_\_\_\_** |
| Are you are **currently** a student in full time education? (Tick **1 box only**) Yes [ ] No [ ] **If ‘Yes’**, please provide the name of your current college/university below: |
| Current college/University name:  |
| Course title and level:  | Which year are you in?  |
| Employment history |
| Please provide details of your previous or current work experience (prioritising most recent/relevant): |
| **Name of employer/ organisation** | **Dates employed** | **Roles & responsibilities** |
| 1.  |   |    |
| 2.  |     |   |
| 3.  |   |   |
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| general questions |

Do you have any prior experience of working/travelling in a developing country? If yes, please provide details below:- |
|   |
| If you wish to add any further information in support of your application, you can do so below:- (optional)  |
|   |
| HEALTH |
| Do you have a medical condition, disability or a history of psychiatric illness that may affect your working life in Uganda? If yes please give details below. |
|   |
| REFEREncES |  |
| Please provide the names and full contact details of two referees who know you in either a professional or academic capacity (family members excluded) and who could comment on your suitability for the Save Uganda Foundation volunteer programme.Please inform them you have nominated them as your referees. Save Uganda Foundation will have the right to contact the referees in the process of the recruitment. |  |
| **Referee 1.**  | Name:  |  |
| Address:  |  |
| Phone number:  | Email address:  |  |
| How are you related & for how long has he/she known you? |  |
|     |  |
| **Referee 2.**  | Name:  |  |
| Address:  |  |
| Phone number:  | Email address:  |  |
| How are you related & for how long has he/she known you? |  |
|     |  |

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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 am willing to attend orientation and briefing workshops organised by Save Uganda. [ ]
* I agree to raise at least €200 (4-week placement) or €300 (6-week placement) for Save Uganda Foundation, before departure to Uganda. [ ]

I hereby declare that I have completed this application myself and my answers are true to the best of my knowledge. [ ] |
| Signature:  | Date:  |

**Send your completed Volunteer Application Form and CV to: saveugandafoundation@gmail.com**

**For any queries regarding your application, please contact the Programs Director:**

**Name :**

**Contact :**

**E-mail : saveugandafoundation@gmail.com**

Visit our official website for more: [**www.saveug.eu5.org**](http://www.saveug.eu5.org)