



GO 2 SCHOOL INITIATIVE UGANDA

Bwebajja Entebbe road,

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Email: gotoschooluganda@gmail.com, www.go2Schoolug.org

Volunteer application Form

All fields are required to be filled out accurately prior to becoming a volunteer. Incomplete applications will not be processed.

Demographic information

Last Name: _____

First Name: _____

Middle Name: _____ Sex: _____

Mailing Address: _____

Country: _____ Place of Birth: _____

Date of Birth: _____ National Id Number: _____

Home Telephone Number: _____

Mobile Phone Number: _____

Email Address: _____

Marital Status: _____ Religion: _____

Name of person to contact in case of an emergency

Last Name: _____

First Name: _____

Relationship: _____

Telephone Numbers, Day: _____ Evening: _____

References

Please provide information of two people we may contact who have known you for more than two years. (We recommend one from a religious leader and one from a non-family member if possible)

1. Name: _____ Relationship: _____

Email Address: _____

Telephone (_____) _____

2. Name: _____ Relationship: _____

Email Address: _____

Telephone (_____) _____

Special Skills

Please list any special skills or education that may benefit Go 2 School Initiative Uganda during your volunteer time. E.g. PR, fundraising, teaching, social work, etc.

Volunteer Dates

Arrival Date: _____

Departure Date: _____

Self-Disclosure Statement

This self-disclosure statement is needed to help protect the organization. A yes response will not automatically disqualify you from being a volunteer.

- 1 Have you ever been arrested or convicted of a crime? Yes/No
- 2 Are you a person known to any Social Work Department / Social Services department as being an actual or potential risk to children? Yes/No
- 3 Have you had a disciplinary sanction (from a voluntary or other organization's governing body) relating to inappropriate behaviour with child/vulnerable adult abuse? Yes/No

Please explain any **Yes** responses:

NOTE. Please attach a copy of your national Id and the people listed as your references and a recommendation letter from the Lc1 chairman of the area in which you reside.

I hereby certify that the above information is correct and authorize Go 2 School Initiative Uganda the right to investigate any information provided in this volunteer application.

