



 **Uplift A Child Africa International**
P.O.Box 6175, Kampala
Uganda East Africa

 +256 703 687 723

 [Uplift-a-child-africa-international](#)

 upliftachild.international@gmail.com

 www.upliftachildafrica.com

Volunteer Application Form

Your Full Name (required).....

Your Email (required).....

Date Of Birth: Gender:..... Nationality:

Postal Address Telephone.....

I would like to : Volunteer Intern (please tick the box)

Proposed Arrival Date: How long you want to Volunteer or Intern:

Field Of Interest:

Do you wish to tour other parts of the country during your Stay? Yes No (please tick the box)

Have you Volunteered/Interned before? Yes No (please tick the box)

Does it relate to any studies?

What are your expectations during and after your Volunteering/Internship?

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.....

Do you have any Special Needs (Medical Conditions, Dietary Requirements etc)?

Yes No (please tick the box)

If Yes, Please explain

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.....



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Tell us other things about you? (Hobbies, skills, additional interests, etc...)

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Emergency Contact (Friend or Relatives)

Email and telephone number emergency contact:

How did you hear about Uplift A Child Africa International?

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Two References:

Reference 1

Name:.....Institution:

Position:.....Address:

Telephone:.....Email:.....

Reference 2

Name:.....Institution:

Position:.....Address:

Telephone:.....Email:.....

Signature:

Date: