

Address: Plot 7, Wilson Avenue, Jinja.

P.O. Box 558, Jinja - Uganda

Website: www.nissirephidimcare.org
Email: info@nissirephidimcare.org

Cell: +256 757 204552

+256 783 856775 +256 751 326494

Raising Hope. Enabling Torchbearers into the Future.

## INTERNATIONAL VOLUNTEER REGISTRATION **FORM** PERSONAL DETAILS: PLEASE USE BLOCK CAPITALS: Title: Mr. Mrs. Miss. Ms. (Circle one) First Name/s: Surname: Address: Postal Code: Date: Geographical Area: (i.e. where you want to volunteer) Tel.:(daytime) \_\_\_\_\_(evening) \_\_\_\_ \_\_\_\_fax:\_\_\_\_ Mobile: Email: Date of Birth: \_\_\_\_\_ Gender: Male \( \Bar{\cup} \) Female \( \Bar{\cup} \) Religion \_\_\_\_\_ Do you have a current driving licence? Yes $\square$ No $\square$ Disability Status: Registered Disabled $\square$ Self-classified $\square$ N/A $\square$ **Address:** Province: \_\_\_\_State: \_\_\_\_ City:\_\_\_\_\_ \_\_\_\_\_\_Postal Code: \_\_\_\_\_ Home Phone Number: (With country code): Cell phone number: (With country code): Fax: (With Country Code): Email Address: \*In order for us to book your travel effectively, please include a photocopy of the front page of your passport with this application

Nissi Rephidim Care © 2022 NRC Established 2012. Reg. No: 3248

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City:	Country:	
Home Phone Number: (With country code)  Cell phone number: (With country code)  Fax: (With Country Code)  Email Address:  What is your preferred method of communication?  Mail   Phone   Fax   E-mail   Other (List):    How did you find out about Nissi Rephidim Care?  Word of Mouth   Friend     Work place   Special Event     Media (e.g. TV, Magazine,)   Others (Please Specify)  What best describes you current situation?   Employed   Retired   Seeking work   Student Others:    Volunteer Availability:  Time period you are available:  From: (dd/mm/yr)   To: (dd/mm/yr)   Note: This can be an estimate and can be finalized at a later date  Hours and days a week you are available:  Be aware that most of our volunteer work is fulltime with limited weekend opportunities)  Hours per week:  Monday:   Wednesday:   Wednesday:   Thursday:   Friday:   Weckends:   Thursday:	Home Phone Number: (With country code)  Cell phone number: (With country code)  Fax: (With Country Code)  Email Address:  What is your preferred method of communication?  Mail	
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What is your area of Profession?		
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Auditing		Clerical –Data Entry
Community mobilization		Computer Programming
Database (Access, e.t.c)		Editing and/ Publishing
Facilitation/ hospitality		Grant Proposal Writing
Graphic Design		Human Resource
Information Systems /IT		Journalism/ Media/ Communication
Librarian/ Records Management		Marketing/ Public Relation
Logistics and Event organizing		Networking and partnership – building
Narrative writing		Photography
Office management		Program management
Procurement		Recruitment and training
Project management		Web design and maintenance
Report writing, coordination/management	$\overline{\Box}$	Teacher
Lawyer	一	Social Worker
Psychology and Counselling	$\overline{\Box}$	Others (Please Specify)
1 sychology and Counselling		Others (Frease Speerry)
Fundraising Health Education/ Public Heath Other relevant experience:	─ Wa	ial Research ter/ Sanitation
Please write a brief description of the kind of active background and interest.	vity you w	vould like to undertake as a volunteer given your
Work/volunteer experience with the following: (Cl	•	
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NRC Established 2012. Reg. No: 3248

That do you hope to gain from your volunteer experience both professionally and personally? Upon mmencement, NRC will ask that you define concrete goals for your time with us. We would like you to thir yout what these may be; and encourage you to be very particular and specific with your answer. Avoid answe: "to help people" or "to grow professionally", but a more concrete vision like "to gain growth and patien this vulnerable children" or "to learn about different ways of living and thinking through an international perience"							
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