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**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: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Geographical Area:** (*i.e. where you want to volunteer*) \_\_\_\_\_

Tel.:(*daytime*) \_\_\_\_\_ (*evening*) \_\_\_\_\_ fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male  Female  Religion \_\_\_\_\_

Do you have a current driving licence? Yes  No

Disability Status: Registered Disabled  Self-classified  N/A

### **Address:**

City: \_\_\_\_\_ Province: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ 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

**HEALTH INFORMATION:**

If you have any health, allergy or medical conditions that might affect your health and/or wellbeing during your volunteer placement, please outline them below:

**EMERGENCY CONTACT INFORMATION**

**Primary Emergency Contact Person:**

First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Issue: (dd/mm/yr) \_\_\_\_\_

Date of Expiry: (dd/mm/yr) \_\_\_\_\_

Gender: Male  Female:  Birth date: (dd/mm/yr) \_\_\_\_\_

**Address:**

City: \_\_\_\_\_ Province: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: (With country code) \_\_\_\_\_

Cell phone number: (With country code) \_\_\_\_\_

Fax: (With Country Code) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Secondary Emergency Contact Person**

First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Issue: (dd/mm/yr) \_\_\_\_\_

Date of Expiry: (dd/mm/yr) \_\_\_\_\_

Gender: Male  Female:  Birth date: (dd/mm/yr) \_\_\_\_\_

**Address:**

City: \_\_\_\_\_ Province: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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: \_\_\_\_\_  
Tuesday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_  
Weekends: \_\_\_\_\_

**Languages:**

Please list any language you speak, Proficiency i.e. \* (Basic) Knowledge, Conversant, Proficient, Fluent, Bilingual, Native language.

Language: \_\_\_\_\_ Proficiency: \_\_\_\_\_  
Language: \_\_\_\_\_ Proficiency: \_\_\_\_\_  
Language: \_\_\_\_\_ Proficiency: \_\_\_\_\_

**What is your area of Profession?**

- |  |  |
|--|--|
| <input type="checkbox"/> Accounting/ Financial administration    | <input type="checkbox"/> Administration/ Reception             |
| <input type="checkbox"/> Auditing                                | <input type="checkbox"/> Clerical –Data Entry                  |
| <input type="checkbox"/> Community mobilization                  | <input type="checkbox"/> Computer Programming                  |
| <input type="checkbox"/> Database (Access, e.t.c)                | <input type="checkbox"/> Editing and/ Publishing               |
| <input type="checkbox"/> Facilitation/ hospitality               | <input type="checkbox"/> Grant Proposal Writing                |
| <input type="checkbox"/> Graphic Design                          | <input type="checkbox"/> Human Resource                        |
| <input type="checkbox"/> Information Systems /IT                 | <input type="checkbox"/> Journalism/ Media/ Communication      |
| <input type="checkbox"/> Librarian/ Records Management           | <input type="checkbox"/> Marketing/ Public Relation            |
| <input type="checkbox"/> Logistics and Event organizing          | <input type="checkbox"/> Networking and partnership – building |
| <input type="checkbox"/> Narrative writing                       | <input type="checkbox"/> Photography                           |
| <input type="checkbox"/> Office management                       | <input type="checkbox"/> Program management                    |
| <input type="checkbox"/> Procurement                             | <input type="checkbox"/> Recruitment and training              |
| <input type="checkbox"/> Project management                      | <input type="checkbox"/> Web design and maintenance            |
| <input type="checkbox"/> Report writing, coordination/management | <input type="checkbox"/> Teacher                               |
| <input type="checkbox"/> Lawyer                                  | <input type="checkbox"/> Social Worker                         |
| <input type="checkbox"/> Psychology and Counselling              | <input type="checkbox"/> Others (Please Specify)               |

**Other Skills:**

Because Nissi Rephidim Care’s partners have diverse needs, NRC has many different and constantly changing opportunities for volunteers. If your background and experience does not fit any of the above positions, please let us know what your skills, expertise, talents or interests are and how you would like to use them with us.

- |   |   |
|---|---|
| <input type="checkbox"/> Filmmaking & Art                 | <input type="checkbox"/> Building/ Infrastructure |
| <input type="checkbox"/> Fundraising                      | <input type="checkbox"/> Social Research          |
| <input type="checkbox"/> Health Education/ Public Health  | <input type="checkbox"/> Water/ Sanitation        |
| <input type="checkbox"/> Other relevant experience: _____ |   |

*Please write a brief description of the kind of activity you would like to undertake as a volunteer given your background and interest.*

**Work/volunteer experience with the following:** (Check any that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> CBO                      | <input type="checkbox"/> Working with marginalized group |
| <input type="checkbox"/> NGO                      | <input type="checkbox"/> UN Agency                       |
| <input type="checkbox"/> Government agency        | <input type="checkbox"/> HIV/AIDS                        |
| <input type="checkbox"/> Overseas work experience |  |

**Essay Questions:**

Please answer the following using 100-300 words for each question. We encourage you to be creative with your answers but reflective and genuine. Give us a bit of your background; introduce who you are personally and professionally.

What do you hope to gain from your volunteer experience both professionally and personally? Upon commencement, NRC will ask that you define concrete goals for your time with us. We would like you to think about what these may be; and encourage you to be very particular and specific with your answer. Avoid answers like: *“to help people”* or *“to grow professionally”*, but a more concrete vision like *“to gain growth and patience with vulnerable children”* or *“to learn about different ways of living and thinking through an international experience”*

**What Next:**

Please send your application and Curriculum vitae to: [info@nissirephidimcare.org](mailto:info@nissirephidimcare.org)