



“To create a healthy and productive society for a brighter future.”

Kassanda Town Council – Kassanda District

P.O.BOX 93 ,Mityana Tel: +256-775229988

Email: aidkca@gmail.com

PERSONAL INFORMATION

Full legal name (as appears on passport) : _____

Street address (permanent)Apt. _____

CityState/Prov.ZIPCountry _____

PhoneCell phoneIn-country phone (for office use) _____

Email address _____

Sex: Male Female

Date of birth: _____/_____/_____

Passport numberExpiration datePlace of issueCountry of issue _____

Marital Status: Single Married Widowed Divorced

Full legal name of spouse (if applicable) _____

Dependent Information

Please list any dependents that will be living with you during your volunteer service.

Legal nameDate of birthPassport no. _____

Placement Preference and Availability

Please rank your preference for volunteering in the following areas with 1, 2 or 3. If you are not interested in an area, mark it with an X. If you are equally open to areas, give them the same ranking.

Community/social worker intern _____

Medical/Nurse intern _____

School intern primary/secondary _____

Please indicate when you are available to start and when you would prefer to volunteer until.

_____/_____

Available to start Available to volunteer through
Health Information:

Do you smoke? Yes No

Is your health insurance valid outside your country? Yes No

(Valid health insurance is required for all volunteers.)

_____/_____

Name of health insurance carrier Policy number

_____/_____

Address of health insurance carrier Phone of health insurance carrier

Please list any chronic health conditions you have and any current treatment (e.g., diabetes, heart problems, depression, physical handicap, etc.):

Emergency Contact Information:

_____/_____

Name Relationship to you

_____/_____

Street address Apt.

_____/_____/_____/_____

City State/Prov. ZIP Country

_____/_____

Day phone Evening phone

Email address: _____

Foreign Travel and Languages:

Please list any foreign countries you have visited and indicate your length of stay.

Please rate your foreign language proficiency as fluent (F), advanced (A), intermediate (I), or beginner (B).

| Language | Reading | Writing | Speaking |
|----------|---------|---------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

Education and Certifications:

Please list education attained, starting with most recent.

| Institution | Location | Degree | Date received |
|-------------|----------|--------|---------------|
| | | | |
| | | | |
| | | | |

Please list any certifications you possess relevant to volunteering with Hope Children's Aid Uganda.

| Certification | Issuing Institution | Date received |
|---------------|---------------------|---------------|
| | | |
| | | |
| | | |

Criminal History:

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, provide details on the charge, date of offense, and disposition of the case.

Skills and Knowledge: Please check the areas in which you have technical expertise and experience.

- | | | |
|--|---|--|
| <input type="checkbox"/> Adolescent sexual and reproductive health | <input type="checkbox"/> Health economics | <input type="checkbox"/> Nutrition and exercise |
| <input type="checkbox"/> Behavior change communication | <input type="checkbox"/> Health education | <input type="checkbox"/> Opportunistic infections |
| <input type="checkbox"/> Breast and cervical cancer | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Orphans/vulnerable children |
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Income-generating activities | <input type="checkbox"/> Palliative care |
| <input type="checkbox"/> Child protection | <input type="checkbox"/> Integrated mgmt of childhood illnesses | <input type="checkbox"/> Positive living |
| <input type="checkbox"/> Clinical health services delivery | <input type="checkbox"/> Legal/human rights | <input type="checkbox"/> Reproductive/ sexual health |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Malaria control | <input type="checkbox"/> Tobacco/alcohol use |
| <input type="checkbox"/> Environmental health | <input type="checkbox"/> Maternal newborn care | <input type="checkbox"/> Water, sanitation & hygiene |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> Mental health/ psychosocial support | <input type="checkbox"/> Youth development |

List here any additional public health areas in which you have experience/expertise:

Management, Development, and Coordination: Check if you have the professional experience and skills to provide training and support in the following areas.

- | | | |
|---|---|--|
| <input type="checkbox"/> Administrative policy development | <input type="checkbox"/> Facilitation and presentation | <input type="checkbox"/> Organizational capacity build |
| <input type="checkbox"/> Best practices implementation | <input type="checkbox"/> Financial management | <input type="checkbox"/> Program planning and design |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Human resource management | <input type="checkbox"/> Project performance mgmt |
| <input type="checkbox"/> Business/income generation/micro-finance | <input type="checkbox"/> Information technology | <input type="checkbox"/> Quality improvement |
| <input type="checkbox"/> Community mobilization and outreach | <input type="checkbox"/> Logistics management | <input type="checkbox"/> Strategic planning |
| <input type="checkbox"/> Database development/mgmt | <input type="checkbox"/> Monitoring and evaluation | <input type="checkbox"/> Work plan development |
| <input type="checkbox"/> Data collection, analysis & reporting | <input type="checkbox"/> Networking/relationship building | |

List here any additional skills you possess related to management, development, and coordination:

Support, Communications, and Training: Check if you have experience in the following areas.

- | | | |
|--|--|---|
| <input type="checkbox"/> Curriculum development | <input type="checkbox"/> Grant/proposal writing | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Development of training materials | <input type="checkbox"/> Graphic design/layout | <input type="checkbox"/> Report writing |
| <input type="checkbox"/> Development of IEC materials | <input type="checkbox"/> Media relations | <input type="checkbox"/> Training and supervision |
| <input type="checkbox"/> Event planning | <input type="checkbox"/> Photography/videography | |

List here any additional skills you possess related to support, communications, and training:

Computer skills: Check if you are proficient or better in the following computer programs.

- | | | | | |
|------------------------------------|--|-------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> EpiInfo | <input type="checkbox"/> MS Excel | <input type="checkbox"/> MS Project | <input type="checkbox"/> NVivo | <input type="checkbox"/> SPSS/STATA |
| <input type="checkbox"/> MS Access | <input type="checkbox"/> MS PowerPoint | <input type="checkbox"/> MS Word | <input type="checkbox"/> PageMaker | <input type="checkbox"/> Quick Books |

List here any other relevant computer programs/software in which you are proficient or better:

Other: Please check to indicate that you possess the trait or experience listed.

- | | | | |
|---------------------------------------|---|------------------|----------------------------------|
| <input type="checkbox"/> Adaptability | <input type="checkbox"/> Community work | Familiarity with | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Initiative | <input type="checkbox"/> Maturity | | <input type="checkbox"/> Luganda |

Working independently

Runyankore

Working with individuals from diverse cultural, economic, age, linguistic, and educational backgrounds

Working with young people, ages:

0-5

6-12

13-16

17+

Attachments

Your application is not complete unless it is accompanied by the following documents:

1. Your resume or curriculum vitae.
2. Contact information for two professional references.
3. A passport photograph and a copy of signature pages of your passport.
4. Copies of professional licensure information, if applicable.

Acknowledgement

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal if discovered at a later date.

I acknowledge that as part of the application process, Kassanda Children's Aid conducts a criminal history background check. I consent to the use of the information provided in this application for performing this background check.

Applicant Signature _____ Date _____

Return

Please return this completed application and all the attachments listed above electronically to aidkca@gmail.com, with the subject line, "Volunteer Application."

For Official Use Only

| | |
|---------------|--|
| Date Received | |
| Start Date | |
| End Date | |