

VOLUNTEER APPLICATION

Hello! Thank you for your interest in volunteering for the M-LISADA Organization. We have a longstanding tradition of welcoming volunteers into our home, and we look forward to introducing new volunteers to our family.

Please read each question carefully and provide as much detail as possible, where applicable. You may complete this application in Microsoft Word; otherwise, please use print letters.

PERSONAL INFORMATION

First name:

Last name:

Gender: Male Female

Birth date (dd/mm/yy):

HOME ADDRESS

Number/Street:

City:

State:

Postal code:

Country:

LOCAL ADDRESS

Address in Uganda
(if known)

Hotel name (if applicable):

Residence name:

PASSPORT INFORMATION

Nationality:

Date issued (dd/mm/yy):

Passport number:

Passport expiration:

YOUR CONTACT INFORMATION

Email address:

Home phone number:

Mobile phone number:

Local Uganda number:
(if applicable)

When you would like to come
to M-LISADA

EMERGENCY CONTACT INFORMATION

Full name:

Relationship:

Home address:

Email address:

Phone number:

HEALTH

Do you have any allergies? Yes No

If yes, please specify:

Do you have any special dietary requirements?

Yes No Vegetarian Vegan

Other:

Do you smoke? Yes No

Do you have any medical or health conditions that may affect your participation in the program? If so, please enter below:

Please list any medications that you are currently taking and any incidences that could occur while you are volunteering for M-LISADA:

GETTING TO KNOW YOU

1. How did you hear about M-LISADA, and how did you come to decide that you would like to volunteer here?

2. What experience, if any, do you have that makes you well suited to volunteer for our organization?

3. Have you ever spent an extended period in another country? If so, what was the purpose of your trip—travel, semester abroad, conference/seminar, volunteering, etc.?

4. Are you affiliated with any other organization(s)? If so, please list them:

5. Please describe your academic background, as well as your professional experience (if applicable):

6. What are your main reasons for wanting to volunteer for M-LISADA?

7. What hobbies do you most enjoy?

8. What do you believe will be the biggest challenges you will encounter while volunteering for M-LISADA? How do you plan to manage these challenges?

9. Do you have any creative talents that you plan to teach the children? If so, please describe in detail:

10. Please select the areas in which you believe you will be most helpful to M-LISADA—please circle all that apply:

Music lessons

Fundraising/Event planning

Dance lessons

Advertising/Promotion

Art lessons

General administration

Acrobatics/Gymnastics

General maintenance

General child activities

11. Please list the top three areas for which you would like to volunteer at M-LISADA:

12. Please select the skills that are most applicable to you:

- Working with children/youth
- Proficiency with computers
- Working with the disabled
- Sports
- Working with girls/young women
- Administrative skills
- Marketing/fundraising skills
- Manual skills (please specify):

13. Please check the computer applications you are most comfortable with (if applicable):

- Word
- Excel
- PowerPoint
- Other (please specify):
- Photoshop
- GarageBand

14. Please feel free to provide any additional information that you would like us to know when considering you for a volunteer opportunity at M-LISADA:

FEES

M-LISADA is a child-focused nongovernmental organization, and it is very welcoming to all objective-minded people with a heart of service to children in need. We support, empower, and protect vulnerable children, and we strive to feed, clothe, educate, and rehabilitate them through the various programs we deliver. But because there are always unexpected needs and emergencies, we are unable to provide free services to our volunteers. Therefore, we request that you pay a fee of US\$100.00, in advance, to complement our efforts to sustain the mandatory aspects in administration such as water, electricity, and internet for a healthy and user-friendly environment. The US\$100.00 covers a period of up to six months.

There may be additional costs incurred for transportation, or if you choose to eat meals with us. All of this can be discussed and agreed upon when you arrive.

Thank you for taking the time to fill out this application. We greatly appreciate your interest in joining M-LISADA family.

Signature of applicant: _____

Date (dd/mm/yy):

Please email completed application to both addresses below:

donia.emilly@yahoo.com, rzabarkes@mlisada.org

NOTE: Please bring your own laptop, and if you or your family and friends have laptops they no longer need, please consider bringing them with you and donating them to M-LISADA—we always need them.