



# Wakefulness Orphans and Widows Tanzania (Charitable NGO)

## VOLUNTEER APPLICATION FORM

### Application information

Full name:	_____	Date:	_____
	<i>Last</i> <i>First</i> <i>M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address</i> <i>Apt/Unit #</i>		
	_____	Email:	_____
	<i>City</i> <i>State</i> <i>Zip Code</i>		
Start Date:	_____	Date of Birth:	_____
		Nationality and Place of Birth:	_____

Job Desired: \_\_\_\_\_

Occupation: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Transgender \_\_\_\_\_

Have you any training or experience that would be relevant to volunteering in our organization? I.e. Administration/Accountancy/Book Keeping/ Event Management/ Marketing/ Promotion/ Editing/ Photography/ Production/ Farming/Fundraising/ Working with Children/Charity/Teaching/Hospitality/Beekeeping etc. Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your reasons for wanting to get involved in volunteering work?

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How did you hear about WOW Tanzania? \_\_\_\_\_

Do you have any experience working as a volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please give details:

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How long would you be available to volunteer? Check which one applies: 3 months or less \_\_\_\_\_ 6 months \_\_\_\_\_ 9 months \_\_\_\_\_ 12 months or more \_\_\_\_\_

Do you have any religious affiliations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give more information:

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Can you work with others who have religious beliefs, i.e. Christians, Muslims, or Buddhists etc? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Many of the people in our community have religious backgrounds and we must be able to work with everyone.)

Have you previous been convicted of any crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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Are there any reasons why you shouldn't be allowed to work with children? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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Do you have any special needs that we should be aware of? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain:

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Will you travel alone or with your family? Alone \_\_\_\_ As a Family \_\_\_\_

If as a Family, please explain:

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### Education

High school:	_____	Address:	_____					
From:	_____	To:	_____	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diploma:	_____
College:	_____	Address:	_____					
From:	_____	To:	_____	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree:	_____
Other:	_____	Address:	_____					
From:	_____	To:	_____	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree:	_____

### References

Please list two references please:

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes  No

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

**Disclaimer and signature**

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application or interview may result in my dismissal.

I understand that if this application leads to a position as a volunteer, I am responsible for all my traveling, accommodation, and living expenses.

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