## KUTOA FOUNDATION UGANDA Volunteer Application

All fields are required to be filled out accurately prior to becoming a volunteer. Incomplete applications will not be processed.

Demographic Information Last Name:		
First Name:		
Middle Name:	Sex	
Mailing Address:		
Country:	_ Place of birth	
Date of Birth:	Passport Number	
Home Telephone Number:		
Cell Telephone Number:		
E-mail Address:		
Marital Status:	Religion:	
Name of person to contact in case o Last Name:	of an emergency	
First Name:		
Relationship:		
Telephone Numbers, Day:	Evening:	
years. (We recommend one from a reli	ble we may contact who have known you for more igious leader, and one from a non-family member Relationship:	if possible)
E-mail Address:		
Telephone: ()		
	Relationship:	

## **Special Skills**

Please list any special skills or education that may benefit Kutoa Foundation Uganda during your volunteer time. E.g., PR, fundraising, teaching, social work, etc.

Volunteer Dates		
Arrival Date: Departure Date:		
Departure Date:		

## Self-Disclosure Statement

This self-disclosure statement is needed to help protect the Kutoa Foundation Uganda. A yes response will not automatically disqualify you from being a volunteer.

1 Have you ever been arrested or convicted of a crime?

Yes/No

2 Are you a person known to any Social Work Department / Social Services? Department as being an actual or potential risk to society?

Yes/No

3 Have you had a disciplinary sanction (from a voluntary or other organizations governing body) relating to inappropriate behavior with child/vulnerable adult abuse?

Yes/No

Please explain any Yes responses:

\_\_\_\_ I hereby certify

that the above information is correct and authorize Kutoa Foundation Uganda the right to investigate any information provided in this volunteer application.

Signature

Date