**LIGHT OF HOPE YOUTH INITIATIVE (CBO)**

**VOLUNTEER RECRUITMENT FORM**

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| **FULL NAME** |  |
| **ID/PASSPORT No.** |  |
| **CELLPHONE** |  |
| **E-MAIL** |  |
| **COUNTY/COUNTRY** |  |
| **FACEBOOK** |  |

**EDUCATIONAL BACKGROUND**- Please Start With the Most Recent Educational Qualification

|  |  |  |
| --- | --- | --- |
|  | **INSTITUTION** | **QUALIFICATION** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

**VOLUNTEERING/WORK EXPERIENCE** – Please start with the Most Recent Experience

|  |  |  |
| --- | --- | --- |
|  | **INSTITUTION** | **DURATION (Specific Time Period)** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

**MODE OF VOLUNTEER** (Please tick your mode)

FULL-TIME

PART-TIME

OTHER

If **Part-Time /Other** give details on duration in terms of days and time available

|  |  |
| --- | --- |
| **TIME** | **DURATION** |
|  |  |

**SKILLS POSSED**

**1**…………………………………………………………………………………………………

**2**…………………………………………………………………………………………………

**3**…………………………………………………………………………………………………

**4**…………………………………………………………………………………………………

**INTERESTS**

**1**………………………………………………………………………………………………..

**2**…………………………………………………………………………………………………

**3**…………………………………………………………………………………………………

**4**…………………………………………………………………………………………………

**PHYSICAL AND MENTAL HEALTH**--- (Give Details)

|  |
| --- |
|  |

**MOTIVATION FOR VOLUNTEERING**—(State Briefly)

|  |
| --- |
|  |

**REFEREES**

|  |  |  |
| --- | --- | --- |
| **NAME** | **OCCUPATION** | **CELLPHONE** |
|  |  |  |
|  |  |  |
|  |  |  |