Volunteer Application Form



Personal Information

Full name:			
Gender:			
Address:			
Country of Birth: Marital Status:	-		
(Please note you are applying to work at a Christia	•		
on anyone we expect all those working with us to i		•	
Do you have any medical conditions/disabilities? (If yes please provide further information)			
Skills and Experience			
Busfassianal Qualifications			
Professional Qualifications:			
Please tell us about your professional skills/expe	rience that would support your	application to	
volunteer with Kapumpe:		• •	
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Please tell us about your <u>personal</u> skills/experience that would support your application to			
volunteer with Kapumpe:			
Please tell us about any other travel, voluntary or Christian experience that would support your			
application to volunteer with Kapumpe:			

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About You

Please explain briefly why you are applying to volunteer with us:			
When would you like to come to volunteer at Kapumpe? From: To: To:			
Please provide details of someone (not a relative) who can provide a character reference:			
Name: Postal Address:			
Phone Number: Email:			
Declaration by applicant:			
I hereby certify that the details I have entered in this application form are correct. If any information provided herein proves to be incorrect, Kapumpe reserves the right to withdraw the voluntary position and nullify the application.			
Signature of applicant: Date:			

COMPLETE ALL PARTS OF THIS FORM AND RETURN TO: kapumpecps@gmail.com

YOU MAY BE REQUIRED TO ATTEND AN INTERVIEW (in person or via skype).

A MEMBER OF THE TEAM WILL SOON RESPOND TO YOUR APPLICATION.