



VOLUNTEER APPLICATION FORM for Ghana Residents

PART ONE:

PREFERRED DATE AND DURATION OF VOLUNTARY WORK (ideal arrival and departure date):

PART TWO: INFORMATION ABOUT APPLICANT

FIRST NAME:

LAST NAME (FAMILY NAME):

CURRENT ADDRESS (street address):

PO Box (if applicable)

NATIONALITY::

AGE & DATE OF BIRTH:

Ghana MOBILE PHONE NUMBER:

EMAIL:

LANGUAGES SPOKEN:

Referred to Beacon House by ...

PART THREE: EMERGENCY CONTACT INFO

CONTACT PERSON in Ghana (A relative or friend to contact in case of emergency)

NAME: _____

TEL NO: _____

2nd CONTACT PERSON (A relative or friend to contact in case of emergency)

NAME: _____

TEL NO: _____

PART FOUR: BACKGROUND INFORMATION

EDUCATIONAL BACKGROUND

WORK EXPERIENCE

PREVIOUS VOLUNTEER WORK *(If applicable, please describe the type of work you have done)*

PLEASE STATE ANY ILLNESS OR DISABILITY

DO YOU TAKE ANY MEDICATION FOR YOUR ILLNESS? *(Please state the type of medication)*

DO YOU SUFFER FROM ANY SERIOUS ALLERGIES? *(If so please describe)*

PART FIVE: WORKING INTEREST

WHAT TYPE OF WORK WOULD YOU LIKE TO DO? *(We would like to know if you have an interest in a particular field like teaching, nursing, caring for babies, sports/music, administration, fundraising etc...)*

DO YOU HAVE ANY EXPERIENCE WORKING IN THAT FIELD? *(Please note: no specific qualifications are required).*