



# Volunteer Application Form

The Shadow for the Youngsters Foundation – Kigoma Orphanage Centre

## Personal Information

Full Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Address:

Street and Number: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number (include international code): \_\_\_\_\_

## Participation Details

Preferred Volunteer Period: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Duration to Stay

1 Week

2 Weeks

Other (please specify): \_\_\_\_\_

**Daily Availability** (hours per day):

4 Hours

5 Hours

6 Hours

## Experience and Skills

English Proficiency:

Basic

Intermediate

Advanced

Native

Previous Experience with Children or Volunteering: \_\_\_\_\_

\_\_\_\_\_

Why do you want to join this volunteer program?: \_\_\_\_\_

\_\_\_\_\_

## Additional Information

Allergies or Dietary Restrictions: \_\_\_\_\_

Special Requests or Notes: \_\_\_\_\_

## **Terms and Conditions**

I confirm that:

- I have read and accept the terms and conditions of the volunteer program.
- I understand that the daily fee of €30 contributes to the operational costs and support for food and educational materials at the orphanage.

I agree to the above terms.

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

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