

Workcamp Application Form

INSTRUCTIONS FOR PRINTING AND SENDING THE APPLICATION

Please print out the application found below. Once you have printed and filled out the form, send it to VOLU via post or fax to the address at the bottom of the form.

1. Name _____

Present Address

Permanent Address

Telephone _____

Telephone _____

Dates at this address _____

E-mail address _____

2. Date of Birth _____

Place of Birth _____

Nationality _____

Passport # _____

Occupation _____

3. Emergency Contact: Name _____

Address _____

Telephone _____

Email: _____

4. Languages: Well Spoken _____

Partly Spoken _____

Understand _____

5. Special Health / Other Needs

6. Past Volunteer Experiences (indicate the country, year, and type of work)

7. General Skills

8. Workcamp Choices, ranked in order of preference:

CODE	NAME	DATES
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9. Types of projects most preferred (number top five choices according to preference)

Archaeology Renovation Construction Environmental
 Physically disabled Teenage Camps Agriculture Children
 Elderly Mentally disabled Cultural Bible Study Camps

10. Please describe briefly why you wish to take part in a volunteer project:

I accept the conditions of participation according to the program of this organization

Signature _____ Date _____

This completed form should be sent to:

VOLU - The Voluntary Workcamps Association of Ghana
P.O. Box 1540
Accra, Ghana

Or by fax to: +233-21-665960