



HOPE FOR GIRLS & WOMEN

Tanzania

HOPE FOR GIRLS AND WOMEN IN TANZANIA
P.O.BOX 61, MUGUMU – SERENGETI, MARA TANZANIA
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Website: <https://hopeforgirlsandwomen.org>
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VOLUNTEER APPLICATION

1. Name of volunteer and personal detail:

| | |
|-------------------|--|
| Surname | |
| First Name | |
| Gender | |
| Date of Birth (*) | |
| Nationality | |

(*) Minimum age for volunteers is 18.

2. Contact details of applicant/volunteer:

| | |
|--------------------------------------|--|
| Postal Address | |
| Home Phone, including country code | |
| Mobile Phone, including country code | |
| Email Address | |

3. Please provide the contacts of the family member or guardian who you wish to be informed in case of any emergency or urgent issue while you are in Tanzania.

| | |
|----------------|--|
| Postal Address | |
|----------------|--|

| | |
|--------------------------------------|--|
| Home Phone, including country code | |
| Mobile Phone, including country code | |
| Email Address | |

4. Education Background

Please provide the relevant details pertaining to your level of education including Institution, year awarded, the relevant award such as degree or diploma and the subjects you majored in. Copies of degrees/diplomas/certificates are not required, but can be attached if available.

| Name of Institution | Years Attended | Degree/Certificate/Diploma |
|---------------------|----------------|----------------------------|
| | | |
| | | |
| | | |

5. Work Experience:

Please state relevant work experience, and why you deem it to be relevant.

| From/To | Employer | Job Position/title | Duties and Achievements |
|---------|----------|--------------------|-------------------------|
| | | | |
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| | | | |
| | | | |

6. Language Proficiency:

Please state the languages which you can speak, write and read in at least a good level

| Language | Written Skill | Verbal proficiency |
|----------|---------------|--------------------|
| | | |
| | | |

7. Please state your IT skills, as well as your level of skill.

| Software/Program | Basic | Intermediate | Advanced |
|------------------|-------|--------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

8. Please state any other skills that you have and presume that will be of value to the organization.

9. Other:

- a. Have you ever been convicted of any criminal offense? Yes/No
 - i. If yes, please describe.

- b. How did you hear about HGWT?

10. Why would you like to volunteer with HGWT?

11. For how long will you be available to volunteer? When do you wish to commence?

Conditions Acknowledgment and Non-Disclosure Statement:

I understand that if I become a volunteer at Hope for Girls and Women Tanzania, I am subjected to the described conditions.

1. My status at the Organisation remains as a volunteer and I am strongly bound to follow and adhere to the Organisation's policies, rules and regulations which guide other staff.
2. I am not entitled to any financial support from Hope for Girls and Women Tanzania, therefore I will cover all my travel expenses including air tickets and visa (for foreigners), accommodation as well as food expenses.
3. I agree that the hours I will be volunteering will be standard business hours; I do understand that there may be requests or opportunities to work outside of these hours, such as weekends, to support the day to day running of the safe houses. This will be discussed with the staff at HGWT.
4. HGWT accepts not to bear any costs which originate from illness and accidents which may occur during the time you are volunteering, therefore, I confirm I will cover my health and travel issues through an insurance company. I will share the details once my volunteering application has been accepted.
5. As a volunteer at Hope for Girls and Women Tanzania, I undertake to treat all information that I have access to as confidential and will not share the contents with any individuals.

I, _____ hereby certify that the information I have provided in this form is all correct to the best of my knowledge, and I, _____ hereby give consent to all the conditions and acknowledgment statement.

I, _____ as a volunteer at HGWT, undertake to treat all information that I have access to as confidential and will not share the contents with any individuals.

| | |
|------------------------------|-------|
| Signed: | Date: |
| Name of volunteer: | |
| Signature of Rhobi Samwelly: | |