

# VOLUNTEER GHANA PROJECT

## APPLICATION FORM

AFFIX  
PASSPORT  
SIZE  
PHOTO

### PERSONAL DETAILS

1. Title of the Programme: \_\_\_\_\_
2. Name of Applicant: \_\_\_\_\_  
Family Name First Name Middle Name
3. Sex : Male[  ] Female[  ] Date of Birth: \_\_\_\_\_  
Day Month Year
4. Place of Birth: \_\_\_\_\_  
City Country
5. Country of Citizenship: \_\_\_\_\_ Country of Permanent Legal Residence: \_\_\_\_\_
6. Name and Address/ E-mail of Emergency Contact:  
\_\_\_\_\_  
\_\_\_\_\_
7. Telephone of Emergency Contact: \_\_\_\_\_  
Country Code City Code Number
8. Present School & Address: \_\_\_\_\_  
a. E-mail: \_\_\_\_\_ b. Tel.: \_\_\_\_\_
9. Passport No.: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Place of Issue: \_\_\_\_\_
10. Marital Status: Are you married?: Yes[  ] No[  ]
11. Occupation/Field of Study: \_\_\_\_\_
12. Taking into account your present Educational background, please indicate below your three (1-3) placement areas in order of preference. Also indicate whether or not you have any practical experience in your chosen areas: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Living and Working in developing country can be physically and mentally demanding. Organizers in Ghana need to be confident that you are in good health and that you are suited to this programme. Please answer all the questions below:
  - (a) Have you ever suffered from any serious or permanently debilitating illness? Yes[  ] No[  ]
  - (b) Do you have any physical limitations? Yes[  ] No[  ]
  - (c) Have you ever have a serious breakdown or psychiatric treatment? Yes[  ] No[  ]
  - (d) Are you under going any sort of medical treatment, including regular In-take of pills or drugs? Yes[  ] No[  ]
  - (e) Have you had any criminal convictions ..... Yes[  ] No[  ]
  - (f) Have you ever been accused of, or involved in, an incident involving sexual or physical abuse of a child? Yes[  ] No[  ]



TEACHING



SPORTS



HEALTH



ECO-TOURISM



ORPHANAGE

