



VOLUNTEER PROGRAMME APPLICATION FORM

First name:

Surname:

Gender: male female Nationality:

Place of birth: date of birth:

E-mail:

Telephone (including area and country code):

Personal web page, blog, LinkedIn, etc.:

Address:

.....

Passport n°: expiry date:

Driving licence: yes no

Contact person in case of emergency

First name:

Surname:

Relationship with the candidate: parents spouse

E-mail:

Telephone (including area and country code):

Health Information

Blood type:

Please list any allergy, medical or special dietary need that you wish us to be aware of:

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Mammadù Trust

Frankfurt Street | Otjomuise | Windoek | Namibia
agnes@mammadu.org | +264 (0) 813590608

Languages

Mother tongue:

	fair	good	excellent
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Skills and experiences

Please list any skill that may be applicable to your volunteer work (such as work-related skills, subjects you can teach, sports, hobbies, music, arts, etc.)

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Please describe any training, education or personal experience that may be pertinent to your volunteer work:

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Information about your stay

Do you have any preference about the period of the year when you would like to come?

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How long do you plan to stay?

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Is there any additional information that you would like to share with us?

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How did you learn about us? internet Facebook

Would you like to receive our Newsletter? yes no

I confirm that the information given in this form is correct to the best of my knowledge and understand that my details from the application will be filed as *private & confidential*.

date signed

Volunteer Release and Waiver of Liability

I expected no compensation in return for the services provided and understand that Mammadù Trust will not provide any benefit traditionally associated with employment.

I understand that I am responsible for my insurance coverage and expressly waive any claim for compensation or liability on the part of Mammadù Trust in the event of injury or medical expenses incurred by me.

I release and discharge and hold harmless Mammadù Trust from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the service I provide as a Volunteer to Mammadù Trust.

date signed

Please return your questionnaire form either by post to:
Mammadù Trust | P.O. Box 32019 Pionierspark | Windhoek NAMIBIA
or by mail to: agnes@mammadu.org

GENERAL INFORMATION

Volunteers are not paid and the costs and organization of travel, accommodation and living expenses are his/her responsibility. We will provide the candidate with a document that can be used to obtain the visa permit certifying that the individual is a volunteer with Mammadù Trust

We make every endeavour to provide a safe and secure working environment, nevertheless volunteers must act in a reasonable and safety-conscious way at all times. We recommend taking out an insurance covering travel, health and repatriation costs. For detailed information please refer to the document Health Information.

Mammadù reserves the right to contact, if necessary, the person named by the candidate in the present application form.

Volunteers with a thorough knowledge of Mammadù projects are encouraged to engage in international fund-raising activities.