

# Action For Empowerment.

# (AOET)

APPLICATION FORM FOR  
PROSPECTIVE VOLUNTEERS

## **Application for Volunteering with AOET-Uganda**

This form is to be completed in ink by any applicant for a volunteer position within AOET – Uganda and by individuals at all age levels. We recognize that this form is extensive, but ask for your patience in completing it in its entirety. Your cooperation will assist AOET leaders in their efforts to provide a secure environment for you as a volunteer as well as the children, youth and adults who participate in our programs and use our facilities. Your responses will be maintained confidentially, although there may be circumstances where such information may be provided on a “need to know” basis to individuals working with our ministry and to other individuals in order to evaluate your application and/or to comply with applicable legal requirements.

If you do not want your information exposed to anyone else apart from the international coordinating office, Please let us know.

# AOET

## VOLUNTEER APPLICATION FORM

PLEASE NOTE - all information provided in this form will be viewed and reviewed by several people unless you request that it remain confidential.

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NAME \_\_\_\_\_ Age \_\_\_\_\_

ADDRESS \_\_\_\_\_

POST CODE: \_\_\_\_\_

TEL NO: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

E-MAIL : \_\_\_\_\_

Alternative Email : \_\_\_\_\_

Present Occupation (if applicable): \_\_\_\_\_

Previous Work Experience: \_\_\_\_\_

Have you ever undertaken any previous voluntary work, if so, please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Discipling Nations –  
` One Person at a time*

[www.aoet.org](http://www.aoet.org)

## COMMITMENT

How much time are you able to give? Indicate with a YES or NO in each Box

	9.00 AM - 1.00 PM	1.00 PM - 5.30 PM	EVENINGS
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday/</b>			
<b>Sunday</b>			

**Which AOET country program would you prefer to volunteer for?**

AOET – Uganda  AOET – Kenya  AOET – Zambia

**How Long would you like to Volunteer with us?** \_\_\_\_\_

**From (Dates)** \_\_\_\_\_ **to** \_\_\_\_\_

**Would you be willing to assist with general Fundraising?** YES  NO

**How would you like to help us do that?**

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# HEALTH

- How do you appraise your present health? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you have any limitations, disabilities or medications that you take? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Allergies? Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# AFFILIATION

1. Name of your home church: \_\_\_\_\_  
Denomination: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Club(s): \_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If** you wish to undertake driving duties with AOET while with us,  
PLEASE COMPLETE THE FOLLOWING:-

### **DRIVING DETAILS ONLY**

In what capacity would you be willing to drive?

Van Driving  Yes  No      General – Yes  No

Do you have fully comprehensive insurance? Yes  No

If NO - Scope of cover: \_\_\_\_\_

Type of vehicle: \_\_\_\_\_

Do you have an International Driving License? Yes  No

*Driving the van may involve lifting !!!!*

Do you have any "Spent" or Pending Summonses      YES  NO

### **SPECIFIC SKILLS**

Do you have any specific Skills (other than general) that you feel you would like to use  
in your role as volunteer at AOET?

## **INVOLVEMENT**

Please Check / Mark any/all activities you are interested in.

- Rural Mobile Health Clinics
- AOET main Base Health Clinic
- Vocational Training – Specify trade \_\_\_\_\_

Rehaboth School Teaching

Rehaboth School recess Games

- HIV/AIDS Education
- Home based care Visits
- Orphans and Vulnerable Children administration
- Construction
- Other (Specify) \_\_\_\_\_

## **WHY AOET?**

How did you hear about Volunteer opportunities at AOET

Please give your Reasons for your offering your support to volunteer and give your support to AOET:

**NAMES AND ADDRESSES OF TWO REFEREES**  
(Not relatives)

Name:	Name:
Address:	Address:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Fax number:	Fax number:
E-mail:	E-mail:

**DECLARATION**

I declare that to the best of my knowledge the information I have given is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Recruitment Office Use:

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## NOMINEE FOR CONTACT *(in the event of emergency)*

**Volunteer Name:** \_\_\_\_\_

**Name of Nominee:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone numbers:** 1. \_\_\_\_\_  
2. \_\_\_\_\_

**Fax Numbers:** 1. \_\_\_\_\_  
2. \_\_\_\_\_

**Email Addresses:** 1. \_\_\_\_\_  
2. \_\_\_\_\_

# 'AOET International Volunteer Services'

*'AOET International Volunteer Services'* is a highly valued program; this is reflected in our selection process, the training, supervision and on-going support that we provide throughout the time that you are with us.

We endeavor to hold regular Volunteer meetings which provide the opportunity to meet other team members and our notice Boards keep you updated with news and events.

Volunteering covers most aspects of AOET's daily duties which are carried out within the different countries and Districts within the countries.

Our fund raising heavily relies on volunteer support - On people like you !!!

In your decision to become a volunteer, you may simply have a little time on your hands, or wish to re-focus in some aspects of your life, or a personal motivation to work within the field of HIV/AIDS, poverty or general development.

Whatever your reasons, we will value the gift of your time and your commitment.

*Sam M. N. Tushabe*

Executive Director &  
International Volunteer Services Manager

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We would kindly request that you read the enclosed literature and complete the Volunteer Application Form. If you should experience any difficulty in completing the questions **or simply wish to clarify your response**, please do not hesitate to contact the person that sent you the application form (who is the one that will handle your placement) at AOET International Volunteers E-Mail: [aoet-admin@aoet.org](mailto:aoet-admin@aoet.org) or [Nmary@aoet.org](mailto:Nmary@aoet.org)

We thank you for your interest in AOET and for your time in completing this form.

Please return the completed form to:

**AOET International Volunteer Services,  
P.O.BOX 166  
Jinja – Uganda  
East Africa.**