


VOLUNTEER APPLICATION FORM 1:

<p>INSTRUCTIONS: Please answer each question clearly and in CAPITAL LETTERS. Read carefully, complete all questions and follow all directions.</p>	 <p>BRYAN ACHEAMPONG FOUNDATION</p>	<p>APPLICANT NO:</p> <p>DATE:</p>											
<p>1. NAME: FAMILY/SURNAME: FIRST NAME: MIDDLE NAME:</p> <p>.....</p>													
<p>2. DATE OF BIRTH: DAY MONTH YEAR</p>		<p>3. GENDER</p> <p>MALE <input type="checkbox"/></p> <p>FEMALE <input type="checkbox"/></p>	<p>4. PLACE OF BIRTH</p> <p>.....</p>	<p>5. PRESENT NATIONALITY</p> <p>.....</p>									
<p>6. PERMANENT ADDRESS:</p> <p>ADDRESS:</p> <p>CITY / TOWN:</p> <p>DISTRICT / PROVINCE / COUNTY / STATE:</p> <p>POSTAL CODE / ZIP CODE:</p> <p>COUNTRY:</p> <p>PHONE NUMBER:</p> <p>E-MAIL ADDRESS:</p>		<p>7. DETAILS OF INSTITUTION: (CURRENT COLLEGE OR WORKING INSTITUTIONS)</p> <p>NAME:</p> <p>ADDRESS:</p> <p>PHONE NUMBER (OPTIONAL):</p> <p>E-MAIL ADDRESS:</p> <p>AREA OF STUDY OR WORK:</p>											
<p>10. HIGHEST LEVEL OF EDUCATION:</p> <table style="width:100%;"> <tr> <td style="width:50%;">1. PRIMARY SCHOOL ONLY <input type="checkbox"/></td> <td style="width:50%;">6. UNIVERSITY DEGREE <input type="checkbox"/></td> </tr> <tr> <td>2. HIGH SCHOOL NO DEGREE / JHS <input type="checkbox"/></td> <td>7. SOME GRADUATE LEVEL COURSES <input type="checkbox"/></td> </tr> <tr> <td>3. HIGH SCHOOL DEGREE / SHS <input type="checkbox"/></td> <td>8. MASTERS DEGREE <input type="checkbox"/></td> </tr> <tr> <td>4. VOCATIONAL SCHOOL <input type="checkbox"/></td> <td>9. SOME DOCTORATE LEVEL COURSES <input type="checkbox"/></td> </tr> <tr> <td>5. SOME UNIVERSITY COURSES / DIPLOMA <input type="checkbox"/></td> <td>10. DOCTORATE DEGREE <input type="checkbox"/></td> </tr> </table>				1. PRIMARY SCHOOL ONLY <input type="checkbox"/>	6. UNIVERSITY DEGREE <input type="checkbox"/>	2. HIGH SCHOOL NO DEGREE / JHS <input type="checkbox"/>	7. SOME GRADUATE LEVEL COURSES <input type="checkbox"/>	3. HIGH SCHOOL DEGREE / SHS <input type="checkbox"/>	8. MASTERS DEGREE <input type="checkbox"/>	4. VOCATIONAL SCHOOL <input type="checkbox"/>	9. SOME DOCTORATE LEVEL COURSES <input type="checkbox"/>	5. SOME UNIVERSITY COURSES / DIPLOMA <input type="checkbox"/>	10. DOCTORATE DEGREE <input type="checkbox"/>
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<p>11. AREA OF SERVICE BASED ON PROJECTS BUT NOT LIMITED TO THIS LIST:</p> <table style="width:100%;"> <tr> <td style="width:50%;">1. EDUCATION (SCHOLARSHIP, MATERIAL SUPPORT, TEACHING, ETC) <input type="checkbox"/></td> <td style="width:50%;">6. CHILDCARE & SUPPORT (MENTEE) <input type="checkbox"/></td> </tr> <tr> <td>2. HEALTH (HEALTH FINANCING, MCH PROJECT, WASH, MENTAL HEALTH) <input type="checkbox"/></td> <td>7. AGED SUPPORT (THRIFT SHOP, RECREATIONAL ACTIVITIES) <input type="checkbox"/></td> </tr> <tr> <td>3. AGRICULTURE (TOOLS & INPUT SUPPORT, MUSHROOM PRODUCTION) <input type="checkbox"/></td> <td>8. ARTS AND CULTURE <input type="checkbox"/></td> </tr> <tr> <td>4. VOCATIONAL SKILLS (YOUTH IN APPRENTICESHIP) <input type="checkbox"/></td> <td>9. ADMINISTRATION SUPPORT <input type="checkbox"/></td> </tr> <tr> <td>5. CONSTRUCTION & INFRASTRUCTURE (NURSERY, KG, CHPS, ETC) <input type="checkbox"/></td> <td>10. OTHER SPECIFY:</td> </tr> </table> <p>.....</p>				1. EDUCATION (SCHOLARSHIP, MATERIAL SUPPORT, TEACHING, ETC) <input type="checkbox"/>	6. CHILDCARE & SUPPORT (MENTEE) <input type="checkbox"/>	2. HEALTH (HEALTH FINANCING, MCH PROJECT, WASH, MENTAL HEALTH) <input type="checkbox"/>	7. AGED SUPPORT (THRIFT SHOP, RECREATIONAL ACTIVITIES) <input type="checkbox"/>	3. AGRICULTURE (TOOLS & INPUT SUPPORT, MUSHROOM PRODUCTION) <input type="checkbox"/>	8. ARTS AND CULTURE <input type="checkbox"/>	4. VOCATIONAL SKILLS (YOUTH IN APPRENTICESHIP) <input type="checkbox"/>	9. ADMINISTRATION SUPPORT <input type="checkbox"/>	5. CONSTRUCTION & INFRASTRUCTURE (NURSERY, KG, CHPS, ETC) <input type="checkbox"/>	10. OTHER SPECIFY:
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<p>12. ARE YOU READY TO DONATE OR MOBILIZE FUNDS TO SUPPORT YOUR AREA OF INTEREST? YES <input type="checkbox"/> NO <input type="checkbox"/></p>													

VOLUNTEER APPLICATION FORM 2:

13. MARITAL STATUS: SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPERATED <input type="checkbox"/> DIVORCE <input type="checkbox"/> OTHER <input type="checkbox"/>				
14. DO YOU HAVE VOLUNTEERING OR WORKING EXPERIENCE: YES <input type="checkbox"/> NO <input type="checkbox"/>				
15. IF YES, FILL BELOW FROM MOST RECENT: INSTITUTION & FOCUS AREA:	START MONTH / YEAR	END MONTH / YEAR	ADDRESS / LOCATION	REFERENCE PERSON'S ADDRESS AND CONTACT
1.				
2.				
3.				
16. HOUR/TIME FOR SERVICE: MORNING SESSION <input type="checkbox"/> AFTERNOON <input type="checkbox"/>				
17. CONTACT PERSONS INCASE OF EMERGENCY (2):				
NAME:		NAME:		
ADDRESS:		ADDRESS:		
E-MAIL:		E-MAIL:		
PHONE NUMBER:		PHONE NUMBER:		
ATTACH THE FOLLOWING DOCUMENTS: (SCANNED COPIES)				
1. PASSPORT		4. REFERENCE LETTER		
2. PROVE OF EDUCATIONAL BACKGROUND		5. POLICE CRIMINAL REPORT		
3. NATIONAL ID		6. ANY OTHER DOCUMENT TO SUPPORT YOUR APPLICATION		
I, AGREE TO BEAR ALL TRAVELLING, ACCOMMODATION AND ANY OTHER RELATED COST IN THE COURSE OF MY VOLUNTEER SERVICE AT BRYAN ACHEAMPONG FOUNDATION IN GHANA.				
SIGNATURE:		DATE:		
OFFICE USE ONLY				
VERIFIED BY:		APPROVED BY:		
NAME:		NAME:		
POSITION:		POSITION:		
SIGNATURE:		SIGNATURE:		
DATE:		DATE:		

Forward all applications or scanned copies to info@bryanacheampongfoundation.com OR frank.armoo@bryanacheampongfoundation.com