

Volunteer Application Form

Please complete this Volunteer application form if you are interested in becoming a volunteerin SOUTH SUDAN OR ABROAD.

By completing this form, you are stating that you have good intentions, plans and ability to volunteer and that you are at least 18 years of age. You are also stating that you can volunteer a minimum of 3 hours a week for at least two weeks.

IMPORTANT. All initial communications are done via email; please visit our web site at <https://www.awoeso.org> CHECK OUT About Us page and click the Join to Volunteer Button. Please read all the information, understand it and then you may fill out this form and send it to :

AIDS WIDOW AND ORPHANS EDUCATION SUPPORT ORGANIZATION (AWOESO) Juba, South Sudan.

Or you may send it as an attachment by email : info@awoeso.org

Contact Information:

First name:	
Last name:	
Title:	
Street 1:	
Street 2:	
City:	
State:	
Zip:	
Home phone: OK to call me here	
Work phone: OK to call me here	
Cell phone:	

Demographics

You may optionally provide the following information. It is used only to help us get a better idea of the demographic make-up of our volunteers.
Date of birth: * (year optional)

Age:
Gender:
Education:
How did you first hear about AWOESO?
Have you had pre-exposure rabies shots?
Where do you reside?
What languages do you speak?

Skills & Experience

In which of these areas do you feel you have moderate to excellent skill?
Check all that apply.

Skills:

Computer/Data Entry	
Construction/Building	
Creative/Artistic Design	
Have worked with non-domestic birds	
Have worked with non-domestic mammals	
Medical/Veterinary Knowledge	
Power Point Creation	
Professional Animal Training	
Public Speaking	
Teacher	
Technical Drawing	
Interests:	
Education Animal Training	
Education Presentations	
Event - Planning	
Fundraising	
Homecare - Birds, Fish	
Homecare - Mammals	
IT or Data Entry	
Marketing/Newsletters	
health	

Legal	
If you have unique skills, let us know!	

Availability

Please indicate the days and times you are usually available to volunteer.

	Morning:	Afternoon:	Evening:
Sun			
Mon			
Tue			
Wed			
Thu			
Fri			
Sat			

Various/Flexible:

Please let us know any details about your availability that may impact how we schedule you for assignments.

Emergency Contact

In the event of an emergency whom should we notify?

First name:	
Last name:	
Title:	
Street 1:	
Street 2:	
City:	
State:	
Zip:	
Home phone:	
Work phone:	
Relationship:	

Employer

Please list your current or most recent employer, if applicable.

Employer name:	
First name:	
Last name:	
Title:	
Street 1:	
Street 2:	
City:	
State:	
Zip:	
Work phone:	

References

Please list two references for us to contact.

First name:	
Last name:	
Email address:	
Relationship:	
First name:	
Last name:	
Email address:	
Relationship:	

Email

A valid email address is required as most of our early communication with you will be via this method.

Your Email address:	
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I Agree

I understand and agree that submitting this application form does not automatically register me as a volunteer with Aid Widow and Orphans Education Support Organization, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies, code of conduct and procedures before I may begin volunteering.

By submitting this form, I attest that the information I have provided on the form is true and accurate to the best of my knowledge.

Signed:

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Date: