VOLUNTEER APPLICATION FORM

1. Name_____________________________________________________________________________

2. Contact Address_____________________________________________________________________

   Residential Address(If different from Contact Address)______________________________________

   Contact Telephone No. _________________________________ Marital Status: ______________________

3. Date of Birth:_______________________Sex:_______________Nationality_____________________

4. Brief Summary of Previous Voluntary/Community/Work Experience
   ____________________________________________________________________________________

5. Are you in full/part time employment (outside the home)? __________________________________

6. If yes, briefly describe the nature of your work_____________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

7. How did you learn of Rhema Care? ______________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

8. Why do you want to be a volunteer with Rhema Care? _____________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

9. Why do you think you would be suitable to work with Rhema Care? __________________________
   ____________________________________________________________________________________

10. **Areas of volunteer interest in Rhema Care** [Tick (✓) not more than 2 areas of interest]:
     - Community Health and Integrated Nutritional Support (CHAINS) Initiative
     - Basic Educational Support and Technical Assistance (BEST) Initiative
     - Positive Living Education and Socio-Economic Empowerment (PLEASE) Initiative
     - Promoting Access to HIV & AIDS prevention, care & support Services (PATHS) Initiative
     - Faith-based Action for Community Transformation (FACT) Initiative
     - Youth & Adolescent Family Life and Morality Education (Youth-AFLAME) Initiative
     - Community Relief & Emergency Support Thrust (CREST) Initiative
     - Other Support Services (IT support including management of website, Admin services, logistic support, Communications support including video & photo documentation, Fundraising, etc)
11. If you are accepted as a volunteer, when would you be available for volunteer work? (Weekdays only).

Please tick the appropriate duty day(s)/time from the table below (for Port Harcourt Based):

<table>
<thead>
<tr>
<th>Indicate How much time you will be willing to Commit to Rhema Care on a Weekly/Monthly Basis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL No. OF DAYS PER WEEK / MONTH</strong></td>
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</tbody>
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*NOTE: MINIMUM COMMITMENT IS 4 HOURS (ONE DAY) PER WEEK AND MINIMUM OF 4 DAYS PER MONTH
(IN OTHER WORDS, ONE VOLUNTEER DAY HAS A MINIMUM OF 4 HOURS)*

The basic **minimum volunteer commitment** to Rhema Care on successful completion of the Basic Volunteers Training is:

a) **One 4 hour duty per week and at least 4 days (of at least 4 hours each) per month.**

b) **Attendance at Quarterly Volunteer Support Meetings**

c) **Ongoing training per year**

d) **Fundraising support for Rhema Care**

e) **Commitment to deliver on project schedules assigned to you**

Note that though your commitment is voluntary, Rhema Care will hold you accountable to any time commitment you decide to volunteer if you are to participate in the organisation’s Volunteer Programme.

If successful, are you prepared to give the above commitment to Rhema Care?________

Please provide the names, addresses and telephone numbers of **two referees** (people who know you well, for example, a family friend, clergy, doctor, employer, etc.):

(1) ____________________________________________________________________________

(2) ____________________________________________________________________________

Please return this form to Rhema Care by post, e-mail, or in person.
Name_________________________________ Sign:____________________ Date ____________

Thank you for your interest

**Rhema Care and her VOLUNTEERS are committed to**

*Improving on the quality of life for the poor and vulnerable ... through caring partnerships*

FOR OFFICIAL USE ONLY:

Recommendations of Volunteer Supervisor/HOD

Recommendations of Volunteer Interview Panel (VIP)

Comments of Volunteer Coordinator/Admin Manager: