

Volunteer Form

Section I – Personal Information

Volunteer Name _____ Gender M F

Date of Birth _____ Age _____

Mailing Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Best Time to Call _____ Email Address _____

Occupation _____

Citizenship _____

Do you have a valid passport? Yes No

Passport Number _____

Program Start Date _____

Program End Date _____

Have you ever visited Ghana? Yes No

If yes, indicate purpose of previous trip _____

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Section II – Program Placement Information

Highest Level of Education _____

Professional Experience and Areas of Specialization _____

List previous international travel experience, if any _____

List volunteer positions of interest in order of preference

(1) _____

(2) _____

(3) _____

Reason for volunteering _____

How did you hear about this program? _____

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Section III – Health Information

Blood Type _____

Do you have any medical problems? Yes No

If yes, please indicate condition(s) _____

Are you under a physician's care? Yes No

If yes, please indicate condition(s) being treated _____

Are you currently taking any medications? Yes No

If yes, please list names and reasons for medication _____

Are you on a special diet? Yes No

If yes, please indicate the diet _____

Name, address, and phone number of primary physician _____

Name of health insurance company _____

Policy# _____

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Section IV – Personal References

Please list three personal references

- [1] Name _____ Contact Number _____
Address _____
- [2] Name _____ Contact Number _____
Address _____
- [3] Name _____ Contact Number _____
Address _____

I certify that the information provided in this form is correct.

Signature _____ Date _____