

Apply to Volunteer

Personal information

The information provided

- will be filed securely with the Light of Maasai
- will **not** be shared with any third party
- may be used to check with the Garda each applicant's suitability
- may be used in case of emergency

Full Name (as it appears on your passport) _____

Male **Female** Please tick appropriate box

Date of Birth (dd/mm/yyyy) _____

Nationality _____

Passport number _____ **Passport Expiry Date** _____

Please ensure that your passport expiry date is valid for at least 6 months after your return date.

Contact information

Home address _____

Landline Home _____

Landline Work _____

Mobile _____

Email _____

Alternative Email _____

Light of Massai have many different projects running at any given time. You may find yourself working on several different projects during your stay in Rombo. If you feel that your expertise on any specific project would be of benefit, please fill in appropriate

Education _____

Water _____

Health Care _____

Agriculture _____

FGM _____

Construction _____

Employment/Work experience details

Company name _____

Address _____

Position Held _____

Start date _____

End date _____

Previous Volunteer experience (all volunteer experience at home or abroad)

Agency name _____

Country, county, city _____

Responsibilities _____

Start date _____

End date _____

Other qualifications which may assist LoM

Medical Details

Disclosure of your medical details is highly confidential and will only be viewed by appropriate Light of Maasai staff. This information will only be used if you fall ill while volunteering for Light of Maasai.

What is your blood type _____

If you answer yes to any of the following please list: No Yes

Do you have any allergies?

Do you take medicine on a regular basis?

Medical conditions e.g. epilepsy, asthma?

Any special needs LoM should be aware of?

Any major illnesses or surgery LoM should be aware of?

Any special dietary requirements e.g celiac / vegetarian

Names and addresses of 2 Character referee's

Referee 1

Name _____

Relationship to you _____

Mobile _____

Home/work number _____

Email _____

Referee 2

Name _____

Relationship to you _____

Mobile _____

Home/work number _____

Email _____

Emergency contact: Next of Kin (to be used only in emergency)

Emergency contact 1

Name _____

Relationship to you _____

Mobile _____

Home/work number _____

Emergency contact 2

Name _____

Relationship to you _____

Mobile _____

Home/work number _____