



# RURAL HEALTH CARE FOUNDATION UGANDA

P O BOX 10635 KAMPALA  
PHONE 0712446912, 0712832787

*For community Integrated Development programs*

## Volunteer Application

PLEASE PRINT AND COMPLETE THIS FORM  
SEND BACK TO OUR OFFICE SIGNED  
or SCAN AND E-MAIL TO  
[volunteer@rhcfuganda.org](mailto:volunteer@rhcfuganda.org)  
or  
[ruralhealthcare@gmail.com](mailto:ruralhealthcare@gmail.com)  
or  
POST TO BOX 10635, Kampala -Uganda

### Personal Details

Name:		Sex:	
Postal Address:			
City:			
Postal code:			
Country:			
Telephone No.:			
Fax no.:			
Email address			
Alternative Email address			
Passport no.:			
Country of issue			
Expiry date:			
Date of birth			
Nationality/Country of citizenship			
Medical Insurance details:			
NEXT OF KIN			
Relationship with Volunteer (e.g. Father, Sister)			
Name:			
Postal Address:			
City:			
Postal code:			
Country:			
Telephone:			
Email Adress:			
Language spoken			
Is your Hepatitis vaccination current?			
Do you have a medical condition?			
Are you a student?			
If yes, please specify your field of study?			
International Driver's license?			
Please list your previous volunteer experience if any?			

What do you wish to achieve on your work experience?	
Please list the project you are interested in and the dates?	
Please list Packaged Projects with Tour you are interested in and month? 3 - 4 Days Individual Tour after or before Project?	

I ..... Declare that the above information submitted by me is complete and accurate

Any additional information you may think we need to know, eg like any donation, any special food you want etc

\_\_\_\_\_  
Signed By Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed By Legal Guardian

\_\_\_\_\_  
Date