

Mycetoma Patients Friends Association (MPFA)

Volunteer Recruitment Form

Our organization Mycetoma Patients Friends Association is looking for dynamic volunteers to coordinate and recruit fundraising teams, provide good care and health services for Mycetoma patients, leverage community support, plan activities and help our great cause to eradicate Mycetoma through research and projects! Please submit your request through the Volunteer Recruitment Form below. Answering the following questions will help us match your volunteer application with a suitable volunteer role.

We thank you for your interest in volunteering and supporting our organization's cause in making a world free of Mycetoma.

Which of the following volunteering position do you want to apply for?

- Information/Advice Helpline Volunteer
- Fundraising Volunteer Coordinator
- Special Events Volunteer Coordinator
- Volunteer Administrative Coordinator (Front Desk)
- Other:

Why do you want to volunteer? Or, what do you want to gain from this volunteer experience?

Mention the experiences you find relevant for any of the above programs.

What are your interests / hobbies?

Where did you hear about our volunteering opportunities?

- Newspaper
- Email
- Advertisement
- Online Search
- Referred by Friend
- Other

How often could you spare your time to volunteer with us?

- Once a week
- Once a month
- Other:

When are you available for voluntary work?

- Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

References:

Volunteer's Name*:	
Birth date*: <small>(Day/Month/ Year)</small>	
Email*: <small>The email provided will be used for your personal account registration and for our newsletter subscription at thempfa.com</small>	
Phone*:	
Address*:	Street Address:
	City:
	State:
	Postal/ Zip Code:
	Country:

Current Occupation / Study :
Work <input type="checkbox"/> Full time <input type="checkbox"/> Part time Study <input type="checkbox"/> Full time <input type="checkbox"/> Part time
Highest Level of Education (with details) :

If you have any queries when completing this application form, please contact us by either Phone (+249 90703157 - +249 999566006) or Email (mpfa.secgen@gmail.com)

If you would like to find out more about (MPFA) Mycetoma Patients Friends Association, log onto our website www.thempfa.org

Is there any additional information you would like to bring to our attention?

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

Privacy Statement

The personal information on this form is being collected for the purposes of recruiting and selecting volunteers wishing to work in Mycetoma Patients Friends Association. The information may also be required for evaluation purposes. Any evaluation reports developed will not identify individual volunteers by name. This information may be shared with MPFA supporting programs, partner organizations and funding bodies.

Agreement and Signature

By signing this form, I declare that the information I have provided is true. All my actions as a volunteer will reflect the ethos of Mycetoma Patients Friends Association goals, values, vision and missions.

Signed _____ Date _____



For office use only

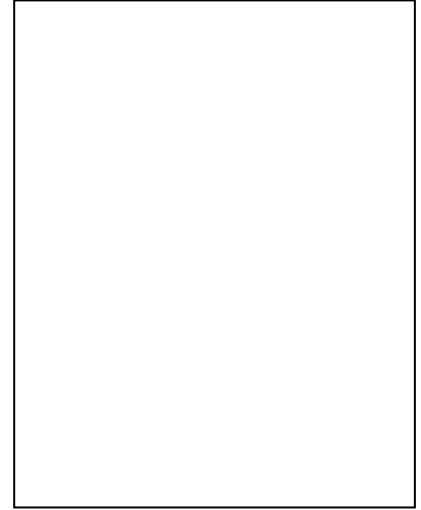
Volunteer Position _____

Volunteer Interview _____

Volunteer Role Description sent _____

References Collected _____

Volunteer Start Date and Acceptance _____



Volunteer's Photo