



VOLUNTEER APPLICATION

Realizing the potential of the neglected, Transforming Lives

This application is to be completed by all volunteer applicants.
The information will help to insure a safe and secure working environment.

Date:

PERSONAL INFORMATION

Name:

Address:

Phone: Email:

Social Security Number: Driver's License Number:

Marital Status: Single Engaged Married Divorced Widowed

EMERGENCY CONTACT

Name: Relationship:

Phone: Email:

MINISTRY *(if applicable)*

Name:

Address:

Contact:

Area of Service:

Please submit your most recent Resume or LinkedIn
in addition to an essay (3) references along with the essay

Write brief (200 word essay) about one of the following topics:

1. A significant event in your life that has impacted you to love special needs children or
2. Your expectations of working with children and a community with a different cultural background or
3. A time when you led a person to love or appreciate a child with a disability

SCSP has a rehabilitation center housing vulnerable children for special needs education, but it also does community outreach in the rural areas of Uganda to empower parents and community as well as sensitizing them to issues around living with disabilities. In order to understand you better, let us know your areas of interest whilst in Uganda.

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Medical/ Health/Rehabilitation | <input type="checkbox"/> Computer/IT skills/Online skills |
| <input type="checkbox"/> Teaching/Education | <input type="checkbox"/> Grant Writing/Fundraising |
| <input type="checkbox"/> Counseling/ Social Emotional Awareness | <input type="checkbox"/> Banking and Micro Finance |
| <input type="checkbox"/> Arts and crafts/ Vocational skills/Tailoring | <input type="checkbox"/> Project Sustainability/ Micro Projects |
| <input type="checkbox"/> Agri-Farming/Piggeries | <input type="checkbox"/> Music/Dance |
| <input type="checkbox"/> Financial Literacy/Accounting | <input type="checkbox"/> Social Media Content Strategist and Promoter |

SPECIAL CHILDREN EXPERIENCE

What level of contact would you like to have with the children?

- I prefer to work alone on delegated tasks
- I am comfortable with direct contact with children
- I am best with offering group or cooperative support to the overall school
- I am energized by team work with parents and staff
- I am unsure. This is my first time

What level of experience do you have working with special needs children?

- I have never worked with special needs children
- I have worked with special needs children in limited capacity
- I have worked extensively or I have training and experience in special education
- I have been a part of a Ministry that assists special needs children

Which age group are you best matched to assist?

- 0-2
- 3-5
- 6-10
- 11-15
- 16 and up

What knowledge do you have about issues concerning child abuse?

- None
- Minimal
- Very aware. I have worked with survivors
- I am a survivor of child abuse
- I have been involved with Ministry that services child abuse survivors

How long do you plan to volunteer?

- Days
- Weeks
- Months
- Unspecified

ABOUT YOU

Do you have any special day we can celebrate with you during your stay with us? Yes No

Example: birthday, anniversary, etc.

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to children work? Yes No

Do you have any special talents that you would like to share at the school? Yes No

Uganda is a popular tourist spot for Safari thus it is our practice to schedule a Wild Life Tour toward the end of your stay.

Note: This is a prepaid event. Therefore, we must gauge interest in order to make reservations.

Do you have interest in this event? Yes No

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you any information they may have regarding my character and fitness for children and community work. Should my application be accepted, I agree to be bound by the constitution, by laws, code of conduct and policies of SCSP and I also agree to refrain from misconduct in performance of my duties.

Name

Signature