ELEVATE HER
Uganda

Volunteer Application Form

"Empowering Women, Transforming Communities"

Volunteer Information:

Name: ……

Email: ……

Phone: ……

Address: ……

Gender: ……

Nationality: ……..

Volunteer Interests:

Skills/Expertise: ……..

Education/Training: ……

Availability (days/hours): ……

Volunteer Preferences:

Program Area: (Check Circle)

- Skilling and Entrepreneurship
- Education
- GBV Support
- Fundraising
- Administrative Support
- Other (please specify): ……

Location:

- Kampala
- Regional Offices
- Remote

Duration:

- Short-term (less than 3 months)
- Medium-term (3-6 months)
- Long-term (more than 6 months)

Why do you want to volunteer with Elevate Her Uganda?

……
……

What skills or experience do you bring to this role?

…….

…….

References:

Name: ……

Email: ……

Phone: ……

Additional Information:

…….

Signature:

I, …….

hereby apply to volunteer with Elevate Her Uganda. I understand that volunteering with Elevate Her Uganda requires a commitment to the organization's mission, values, and policies.

Signature: ……

Date: ……

Submission Instructions:

Please submit this application form to:

Email: mailto:info@elevateheruganda.org

Phone: +256 782147153

+256 703909092

Address: P.O. Box 148809, Kampala, Uganda.

Thank you for considering volunteering with Elevate Her Uganda!