



Action Africa - 6078 Mkhosana - PO Box C.T. 502 - Victoria Falls, Zimbabwe

Volunteer Application Form

This form must be used by anyone wishing to volunteer for Action Africa Volunteer & Development Programme

Please name the project you wish to undertake or fill in the code of the project:

Name of project:

Code of project:

PERSONAL DETAILS

Surname:	Forename(s):
Title:	Date of Birth:
Gender:	Nationality:
Postal Address.:	
Postal Code:	City:
Country of Residence:	
Phone:	Cellphone:
E-Mail:	

IN CASE OF EMERGENCY

Surname:	Forename(s):
Postal Address.:	
Postal Code:	City:
Country of Residence:	
Phone:	Cellphone:
E-Mail:	

Do you study or did you complete your study already? Yes No

If yes, please give us information about your place of study and your main subjects.

Action Africa * 6078 Mkhosana * PO Box C. T. 502 * Victoria Falls, Zimbabwe
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Action Africa is a program of Environment Africa





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VOLUNTEER PROGRAM INFORMATION

1. Which month would you like to volunteer with us?

- January February March April May June
 July August September October November December

2. How long would you like to join us?

- 2 weeks 1 month 6 weeks 2 month 3 month 4 month
 5 month 6 month other period, please specify

3. How did you hear about us?

4. Have you ever volunteered in Africa before? Yes No

5. If yes, please tell us where and what you did.

6. What do you have for skills, qualifications and experience?

7. Do you have any physical limitation, allergy or illness which would impact on your volunteer work?

- Yes No

8. If yes, please specify.





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INFORMATION TO PAYMENT AND CANCELLATION

As soon as we approve your application, you will receive confirmation of acceptance into the program. To start the placement process after confirmation 60 % of the program fee must be deposit into the Action Africa Bank Account in which a non-refundable amount of 200 US\$ is included. The balance of the program fees is in full payable at least 6 weeks before your project start date. Non-receipt of payment will result in your automatic withdrawal from the program and subject to cancellation and refund policy.

We recommend submitting your application at least 3 months in advance before your desired start to organise and arrange your placement. If you apply 6 weeks or less before the start date, please notify that the full project fee will be payable at the time of confirmation.

Action Africa is not responsible for any international transportation, visa or health related fees that may incur. If you want to cancel the program a written notice is required and the date of receiving the letter will determine the cancellation fee. Cancellation Fees will be charged by until 6 weeks prior to program 40%, until 2 weeks prior to program 60% and until the program start date 80 % of the program fee.

DECLARATION

I understand that the requested information on this form will be used to contact applicants and that Action Africa may hold and use this information for statistic purposes and to keep in touch with me.

Furthermore I agree to the conditions listed below.

1. The information in my application form is true and correct. Any false or misleading information may lead to my immediate dismissal from the project.
2. I read and understand the payment requirement for Action Africa and will take care about to pay in time. In the event that after confirmation I withdraw from the program I agree to the above mentioned regulations of Action Africa.
3. If I have special dietary requirements or food and medical allergies I will give correct notice about to Action Africa.
4. I understand that Action Africa is not responsible for any costs arising from the loss or theft of any of my personal possessions during this program.
5. I understand that all travel before or after the program is at my own risk.

- I certify that I have read, understood and agreed to the Terms & Conditions, Payment & Cancellation Policies and the Declaration above of Action Africa Volunteer & Development Programme.
- I agree in signing the Indemnity Form of Action Africa Volunteer & Development Programme.

Date

Name of Applicant

Signature

If the applicant is under the age of 18 this form need to be signed by his/here legal guardian.

Date

Name of legal Guardian

Signature of Guardian

