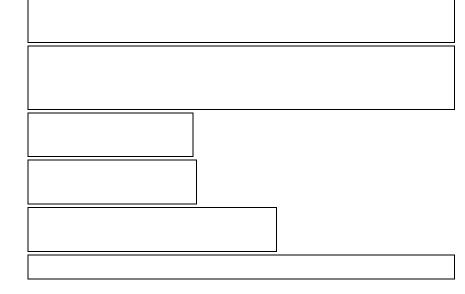


## **INTERN/VOLUNTEER APPLICATION FORM**

Your photo image

passport size

- 1. Full Names:
- 2. Passport Number and expiry date:
- 3. Date of Birth:
- 4. Gender:
- 5. Nationality:
- 6. Email Address:



| 7.  | Telephone/ Mobile<br>number:                                 |                   |  |
|-----|--|-------------------|--|
| 8.  | Postal Address   |                   |  |
|     |  |                   |  |
| 9.  | Which community program of                                   |                   |  |
|     | volunteer/be part of? (please<br>order of priority)          | e choose three in |  |
|     |  |                   |  |
|     |  |                   |  |
| 10  | What describes your profess                                  | ion/occupation?   |  |
| 10. | what describes your profess                                  |                   |  |
|     |  |                   |  |
| 11  | What do you consider to be                                   | vour talanta/     |  |
| 11. | passion that you'd wish to sh                                | -                 |  |
|     |  |                   |  |
|     |  |                   |  |
|     |  |                   |  |
| 12. | Have you ever volunteered b                                  | efore? If yes,    |  |
|     | describe where and for how                                   | long?             |  |
|     |  |                   |  |
| 13. | When would you like to com internship/ volunteer work?       | mence your        |  |
|     |  |                   |  |
| 14. | For how long do you intend t<br>an internship?               | o volunteer/do    |  |
|     |  |                   |  |
|     |  |                   |  |
| 15. | Would you like a certificate/                                | the interaction   |  |
|     | recommendation letter after<br>may be for the sake of your s | -                 |  |
|     | State the specifications you                                 | nay want appear   |  |
|     | on your certificate/ recomm                                  | endation letter   |  |
|     |  |                   |  |

| 16. What are some of your likes and dislikes (in terms of social relations/ personalities)    |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
|   |   |  |  |  |  |  |
| 17. Do you have any medical conditions/ Allergies<br>that we should be aware of? If so please | 5 |  |  |  |  |  |
| specify.  |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
| 18. How did you learn about SMILES AFRICA EXPERIENCE?   |   |  |  |  |  |  |
| Internet search engine  |   |  |  |  |  |  |
| From a friend   |   |  |  |  |  |  |
| Brochure/ flyers  |   |  |  |  |  |  |
| Other (Specify)   |   |  |  |  |  |  |

| 19. Emergency Contact |               |  |  |  |  |
|-----------------------|---------------|--|--|--|--|
| <b>1.</b> Name:       | Relationship: |  |  |  |  |
| Address:              |               |  |  |  |  |
|                       |               |  |  |  |  |
| E-mail:               | Mobile:       |  |  |  |  |
| Tel.:                 |               |  |  |  |  |
| <b>2.</b> Name:       | Relationship: |  |  |  |  |
| Address:              |               |  |  |  |  |
|                       |               |  |  |  |  |
| E-mail:               | Mobile:       |  |  |  |  |
| Tel.:                 |               |  |  |  |  |

The information I have filled in here is true to the best of my knowledge and I have read and agreed to the Terms and Conditions and the Children Policy as stated on the Smiles Africa experience website.

Signature of the applicant

Date.....