



SMILES AFRICA EXPERIENCE

PO BOX: 64 349 00620

NAIROBI KENYA

Tel: +254 723 54 77 47, 0721 50 36 98

Email: info@smilesafrica.com

Website: www.smilesafrica.com

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 number:

8. Postal Address

9. Which community program do you wish to volunteer/be part of? (please choose three in order of priority)

10. What describes your profession/ occupation?

11. What do you consider to be your talents/ passion that you'd wish to share

12. Have you ever volunteered before? If yes, describe where and for how long?

13. When would you like to commence your internship/ volunteer work?

14. For how long do you intend to volunteer/do an internship?

15. Would you like a certificate/ recommendation letter after the internship may be for the sake of your studies/ career? State the specifications you may want appear on your certificate/ recommendation letter

16. What are some of your likes and dislikes (in terms of social relations/ personalities)

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17. Do you have any medical conditions/ Allergies that we should be aware of? If so please specify.

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18. How did you learn about SMILES AFRICA EXPERIENCE?

Internet search engine

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From a friend

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Brochure/ flyers

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Other (Specify)

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19. Emergency Contact

1. Name: _____ Relationship: _____

Address: _____

E-mail: _____ Mobile: _____

Tel.: _____

2. Name: _____ Relationship: _____

Address: _____

E-mail: _____ Mobile: _____

Tel.: _____

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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.....