

3. Volunteer Participation Objectives

Outline in detail your personal objectives in wanting to volunteer in Cameroon

4. Focus of Volunteering:

- | | |
|---|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> HIV/AIDS Education |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Health and Social Well-being |
| <input type="checkbox"/> Participation and Governance | <input type="checkbox"/> Computer Training |
| <input type="checkbox"/> Secure Livelihood | <input type="checkbox"/> Gender Issues |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Others (Please Specify) |
| <input type="checkbox"/> Nursing | |
| <input type="checkbox"/> Orphans | |
| <input type="checkbox"/> Youth Development | |
| <input type="checkbox"/> Community Development | |

5. Duration / Availabilities:

Can start when _____ End when _____
Number of hours per day _____
Number of hours per week _____

6. Accommodation Host Family Renting

7. Preferred Language of work: English /French

8. Milieu of work: Urban Rural

9. Special needs (please state any special requirement in respect of) Diet e.g. Vegetarian, religious or medical)

Executive Director,
Cameroon Association for the Protection and Education of the Child (CAPEC)
BP 20646 Yaoundé, Cameroon
Tel+237 2030163
Mobile: (+237) 77 75 16 06
Fix(+237) 220 30163
Email: info@capecam.org
capecam20@yahoo.com
Website: www.capecam.org

11. Declaration

I certify that the information I have given is accurate and complete and I understand that CAPEC can use it for the purposed intended without notice and I also undertake to do the following if my application is granted;

- a. Pay part of my volunteer fees for my arrangements
- b. Acquire a visa for myself and arrange for my travel
- c. Acquire a medical insurance for myself before my departure to Cameroon

Signature _____ Date _____

Please provide two References: