

Kenya Voluntary Development Association, Kwarara Road, Karen, Nairobi, P.O. Box 48902-00100 - Nairobi-Kenya www.kvdakenya.org info@kvdakenya.org Telephone +254-721650357

Volunteer's Exchange Form

1. PERSONAL INFORM	IATION					
First name			Family name			
Gender			Nationality			
Date of Birth			Age			
Passport Number			Issued by			
			Date of issue and			
			expiry date			
Cellphone			Tell.			
E-mail-address			•			
Present address			Home address			
EMERGENCY-CONT	ACT		•			
Name:						
Address:						
E-mail-address:						
Telephone:						
2. PROJECT						
Month						
Name of project (Ple	asse fill all	1.				
the choices)	2036 1111 011	2.				
the choices)	}					
Have land do vaccorial		3.				
How long do you wish	i to serve?					
Dates between which	2 1/01/ 250 21/2	ilable for a voluntary				
service:	i you are ava	liable for a voluntary				
JCI VICC.						
3. MOTIVATION LETTI						
Explain as fully as						
		g for this project?				
	• What contribution do you hope to make as a volunteer? (experience with communities or voluntary					
groups)						
what do you expect to learn from the Project?						
What do you have to gain from the symptimes of injury the gazeticat?						
What do you hope to gain from the experience of joining the project?						
						
	n do you exp	sect or hope to make or	n your return to your co	ountry of residence after the voluntary		
project?						

How would you like to spend your free time?	

4. LANGUAGES										
Native language										
	Speak	Speak			Write			Read		
	Good	Fair	Slight	Good	Fair	Slight	Good	Fair	Slight	
1. English								•		
2. Kiswahili										

5. FURTHER INFORMATION	
Do you have any significant health problems that would	
affect your participation in the voluntary project? Volunteers	
have a personal responsibility to ensure that they are in good	
health, fit for travel, and have received all vaccinations	
appropriate for their destination. It is also important to note	
that the volunteer should obtain insurance cover to cater for	
unforseen cases of illness	
Do you take any regular medication?	
Studies / occupation / hobbies (please give a short overview):	
Skills, you like to mention (e.g. driving license):	
Previous voluntary experience; Please give details about	
your experience with other organizations;	
Special wishes (e.g. special diet, taking a child):	
Participation fees for volunteers (The breakdown is given on	
the detailed project description and it is highly subsidized to	
reciprocate volunteering efforts to make a difference in the	
world)	

