

THERLY LOVE CHILDREN'S MINISTRY

P.O. BOX 24 - 20500, NAROK-KENYA MOBILE NO: 0724022710 / 0724790034 Email: info@motherlylovechildren.org Website: www.motherlylovechildrens.org

THE LORD IS MY SHEPHERD

	FOR OFFICE USE
	Volunteer Ref #Date
Volunteer App	lication Form
Thank you for your interest in volunteering with Mothe Volunteers play a vital role in the Children served by be applications are reviewed with consideration of curren Opportunities. The information you provide will be stor Protection Act. Your completed form will be held secular access to your information.	erly Love Children's Ministry (MLCM). oth MLCM Organizations. All volunteer it volunteer ed in confidence under the provisions of the Data
ersonal Details	
Name:	Mr Mrs Miss Ms
Postal Address:	
	County:
Telephone: (Home)	(Mobile)
E-Mail:	
Birth-date: Day / Month / Year	
If you are involved with us as a volunteer and an emer	gency arises, whom should we contact?

(Mobile)

Equal Opportunities

Telephone: (Home)_____

Personal Details

MLCM is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, tribe, color, nationality, religion, sex, marital status, family status, disability, age or political party status.

Name:______Relationship: _____

MLCM fully endorses a working environment free from discrimination and harassment.
In the meantime, please complete the question below.
Have you ever been convicted of an offence in your country or elsewhere? Yes No
If you ticked yes, please provide details below

Your Skills and Interests

1. Have you ever done any voluntary work before? Yes \(\square\) No \(\square\) If you answered yes, please tell us a little about the experience.							
2. Why do yo	ou want to vol	unteer now? V	What has motiva	ted you to get	in touch witl	n us?	
3. Do you ha	ve any particu	llar skills or qu	alities that you c	ould use in yo	ur voluntary	work?	
4. Are you applying for a specifically advertised position? Yes No No Reference #							
5. What kind of voluntary work interests you? (See 'Categories of Volunteering in MLCM' for more information)							
Proposal Writing Consultancy Organization(s) Based Activities Project Based Volunteering Internship Other							
6. When are	you available	for voluntary v	work?	☐ Totally Fl	exible		
Morning	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Afternoon							
Evening							
7. How long do you intend to volunteer for?							
Informat	ion / Outreach Together Web Poster Mouth	n meeting	ing with MLCM?		nteer Centre Radio / Tele	vision / Newspa	 aper

References

Name:	Relationship:				
Place of Work:(If applicable)	Position:				
Telephone: (Home)	(Mobile)				
E-Mail:					
Name:	Relationship:				
Place of Work:(If applicable)	Position:				
Telephone: (Home)	(Mobile)				
E-Mail:					
If you have any queries when completing this application violet@motherlylovechildren.org if you would like to www.motherlylovechildren.org					
Is there any additional information you would like to bring to our attention?					
I declare that the information I have provided is truesigned					

For office use only	Notes
Volunteer Position	
Volunteer Interview	
Volunteer Role Description sent	
References Collected	

NOTE: You can email this filled and signed application form through **email** (<u>mothelylovechildrensministry@gmail.com</u> or info@motherlylovechildren.org). Attach on this application the following: Your CV, photocopy of your ID, and colour passport photo.