**ASI VOLUNTEER REGISTRATION FORM**

**PART 1: PERSONAL DETAILS, PREVIOUS VOLUNTEER EXPERIENCE AND MOTIVATION**

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| **NAME** |  |
| **ADDRESS** |  |
| **NATIONALITY** |  |
| **TEL** |  |
| **EMAIL**  |  |
| **HIGHEST LEVEL OF EDUCATION ATTAINED** |  |
| **CURRENT ENGAGEMENT**Have a full-time job (please specify type of job) |\_\_|Student at College or University |\_\_|Complete studies but not working |\_\_|Retired |\_\_|Others |\_\_| (please specify) |
| **DO YOU HAVE PREVIOUS VOLUNTEER EXPERIENCE?** YES|\_\_| NO |\_\_| If yes, please give details of your volunteer experience below |
| **WHAT IS YOUR MOTIVATION FOR JOINING ASI?** |
| **WHERE DID YOU LEARN ABOUT ASI?**ASI website |\_\_|ASI Facebook page ­­ASI member/volunteer ­­|\_\_|A friend |\_\_|Local newspaper |\_\_|Others (please specify) |\_\_| |

**PART 2: SKILLS AND AVAILABILITY FOR VOLUNTEER WORK**

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| Health Education |\_\_|Nursing |\_\_|Medicine |\_\_|Ophthalmology/Eye Care |\_\_|Dispensing skills |\_\_|Home-based Care |\_\_|Social Work |\_\_|Dental Care |\_\_|Counselling skills |\_\_| | Proposal development |\_\_|Strategy Development |\_\_|Desktop publishing |\_\_|Reporting writing |\_\_|Writing case studies |\_\_|Training/Presentation skills |\_\_|Blogging & Social media |\_\_|Advocacy |\_\_| |
| Financial management |\_\_|Fundraising/resource mobilisation |\_\_|Monitoring and Evaluation |\_\_|Data management |\_\_| | Event management |\_\_|Video production/documentaries|\_\_| Radio programming |\_\_|Other skills |\_\_| Please specify  |
| Please indicate the amount of volunteer time you will be able to devote to ASI. Example: up to 8 hours a month; up to 10 hours a month, etc. |
| Given you skills , experience and availability, which of the following teams within ASI would you like to be part of?:Medical and Home-Based Care Team |\_\_|Advocacy and Sensitisation Team |\_\_|Fundraising and Resource Mobilisation Team |\_\_|Research and Publication Team |\_\_|Social Events Team |\_\_| |

**PART 3: COMMUNICATION WITH ASI TEAM**

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| Maintaining contact with colleagues is essential in ASI because our success depends on team work. Please indicate your preference for communicating with ASI membersEmail |\_\_| Phone calls |\_\_| SMS |\_\_| Viber |\_\_| WhatsApp |\_\_| Facebook Group |\_\_| Others (Please specify) |\_\_| |

Thanks for your interest in volunteering with Ageing with a Smile Initiative. Please submit the completed form to: **asi.gambia@gmail.com**

**Facebook Page: www.facebook.com/ASIGambia**

**Website: www.asigambia.weebly.com**

**THIS SECTION IS FOR OFFICIAL USE ONLY**

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| Date application was received by ASI:Date application was reviewed by ASI SMT:Application status: Approved |\_\_| Not approved |\_\_| |

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