**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 members  Email |\_\_| 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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