



AFCOD-Uganda
Empowering Communities

Attach
Passport Photo

VOLUNTEER APPLICATION FORM

Please complete this form in BLOCK letters as appropriate and submit to the Human Resource manager/Manager Finance & Administration, AFCOD-Uganda, P.O. BOX 26780, KAMPALA UGANDA (E.A). Complete the information required in BLOCK letters, electronically (download filled form to sign) scan and submit the form online to admin@afcoduganda.org as an attachment or access the downloadable PDF form to deliver at our office address provided. Incomplete forms will not be accepted. **Please Attach Certified Copies Of Certificates Or Testimonials.**

1. Vacancy Applied for

Vacancy/Post:.....Job Grade:.....

2. Personal Details

Name of applicant.....Title.....

(Surname).....First Name.....Other Name(s).....(Prof/Dr/Mr/Mrs/Miss/Mr

Date of Birth.....Gender: MaleFemale

Nationality:.....NIN/Passport No:.....E/NSSF No:.....

Address:.....Postal Code:.....

Home County:.....District:.....Constituency:.....

Telephone:.....Mobile:.....Email address:.....

Alternative contact person:.....Telephone.....

Current employer:.....Position held:.....effective date:.....

Terms of Service Permanent & Pensionable Contract Temporary

Salary: (monthly) Ush/\$USD.....

3. Other Details

Indicate the language(s) you are proficient in.....

Do you suffer from any physical impairment? Yes No

If yes give details:.....

Have you ever been convicted of any criminal offences or a subject of probation order? Yes No

Have you ever been dismissed or otherwise removed from employment? Yes No

If Yes, State reason(s) for dismissal/removal.....effective date:.....

(Declaring the above information will not necessarily debar an applicant from employment in AFCOD-Uganda. Each case will be considered on its own merit.)

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Field Office: Plot 2 Kadhali Road, Northern Division, Iganga Town Eastern Uganda.

Tel: +256713498535/ +256714404272

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Website: <https://www.afcoduganda.org>

Social Links: Facebook, Twitter, LinkedIn, Skype, Google+ & Youtube: @AfcodUganda

Please Do Attach Certified Copies of Certificates or Testimonials

5. Employment Details (starting with the most recent)

Briefly state your current duties, responsibilities and assignments.....
.....
.....

Please give details of your abilities, skills and experience which you consider are relevant to the position applied for: The information may include an outline of your most recent achievements and your reasons for applying.....
.....

6. Personal References

The names of distinguished persons should not be used unless they really know you well; the names of relatives or those from whom you send testimonials should not be used. The names of members or staff of AFCOD-Uganda should not be used.

Full Name:.....

Address:.....

Telephone No:.....E-Mail address:.....

Occupation:.....

Period for which he/she has known you:.....

Full Name:.....

Address:.....

Telephone No:.....E-Mail address:.....

Occupation:.....

Period for which he/she has known you:.....

Declaration:

I hereby certify to the best of my knowledge that the particulars given on this form are correct and I understand that any incorrect information may lead to disqualification/legal action.

Date:.....

(dd-mm-yyyy)

.....

(Signature of the Applicant)

Complete the form in BLOCK LETTERS, scan and submit electronically to admin@afcoduganda.org