

SOUTHERN SUDAN PROJECT (SSP)



VOLUNTEER APPLICATION

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell/Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments? If you are a student, please submit a copy of your class schedule for the current semester, along with this application.

<input type="checkbox"/> Weekday mornings [9 AM – 1 PM]	<input type="checkbox"/> Weekend mornings [Special Events Only]	<input type="checkbox"/> Mondays
<input type="checkbox"/> Weekday afternoons [1 PM – 5 PM]	<input type="checkbox"/> Weekend afternoons [Special Events Only]	<input type="checkbox"/> Tuesdays
<input type="checkbox"/> Weekday evenings [4 PM – 7 PM]	<input type="checkbox"/> Weekend evenings [Special Events Only]	<input type="checkbox"/> Wednesdays
		<input type="checkbox"/> Thursdays
		<input type="checkbox"/> Fridays
		<input type="checkbox"/> Saturdays/Sundays

Area(s) of Interests

Tell us in which areas you are interested in volunteering. Attached is a job description of each area of interest. You may select up to two (2) positions.

Administration Assistant

Events Assistant

Social Media Associate

Fundraising/ Development Assistant

Public Relations Assistant

Newsletter/ Editorial Assistant

Please indicate which language(s) you are familiar (read, write, and speak) and the level of proficiency. Key: **B-** indicates novice/ beginner's level; **I-** indicates intermediate/limited conversational; **P**-fluent

	Read	Write	Speak		Read	Write	Speak		Read	Write	Speak
ENGLISH	_____	_____	_____	ARABIC	_____	_____	_____	SWAHILI	_____	_____	_____
SPANISH	_____	_____	_____	CHINESE	_____	_____	_____	HINDI	_____	_____	_____
FRENCH	_____	_____	_____	RUSSIAN	_____	_____	_____	OTHER	_____	_____	_____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. By signing this document, you agree to the confidentiality of all information pertaining to Southern Sudan Project. This includes electronic mail, passwords, documents, legalities, financial statements, operational logistics and media/public relations. SSP reserves the right to dismiss any volunteer from their services of whomever is violation of the terms of the policy.

Thank you for completing this volunteer application form and for your interest in volunteering with Southern Sudan Project (SSP).

"We Will for Aweil!"