



VOLUNTEER SERVICE APPLICATION FORM

Last Name: _____ First Name: _____

Title (Dr., Mr. Ms., etc.): _____ Date of Birth _____

Institution Last Attended: _____ Alumni Batch: _____

Language(s) Known: _____

Address: (To be used for communication)

City/ Town: _____ Country: _____ Postal Code: _____

Telephone: _____ Fax: _____ Mobile: _____

Email: _____

Present Occupation/ Designation: _____

Institution: _____

Please indicate your area(s) of interest: (Legal Advocacy, Study & Research, Information & Documentation, Training, and Fundraising, Administration etc.):

Period: _____

Resume Selection: (Please email your resume and photo to info@conscience-international.net)

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(Date)

(SIGNATURE)

Apply for volunteer service by sending your application to Conscience International (CI) Secretariat, 16th Street Fajara, P. O. Box 4216 Bakau, The Gambia (contact: +220 – 4498068 / 9982467) email: info@conscience-international.net.