



VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with Children of the Light in Ghana, West Africa.

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“The mission of Children of the Light is to impact young lives by providing creative, holistic, child-centred education in order to build lives that influence society”.

Please submit a statement describing previous voluntary work (if any), your special interest and how you can contribute to Children of the Light. Along with the statement and application, we will need all documents on the checklist below.

The entire package can be scanned and emailed to:

info@childrenofthelightghana.org

or mail to: Children of the Light

P.O. Box 143

Aburi, E/R

Ghana, West Africa

Before you mail or scan your application, ensure you have all the required documents.

CHECK LIST

- Completed application and statement
- Resume signed and dated
- Copy of academic certificate/s
- Copy of information page of passport
- Referee’s contact information
- Physical evaluation summary sheet

P.O. Box 143,
Aburi – Eastern Region
Ghana, West Africa.
GH: +233 24 205 5897
info@childrenofthelightghana.org
www.childrenofthelightghana.org

P.O. Box 48154,
Blockhouse Bay,
Auckland 0644,
New Zealand

Before applying, read the following information:

- All volunteers are expected to pay for their own flights to Ghana plus accommodation, food and any additional costs connected to the trip i.e. visa and vaccination costs.
- Under most circumstances, visas for entry into Ghana must be obtained from the Ghanaian embassy nearest to your country of residence. Visas are valid for a stay of up to 3 months in Ghana, after which a visa extension should be obtained at a Ghana Immigration Service office.
https://www.easytrackghana.com/travel-information-ghana_visas.php
- Volunteers will be responsible for ensuring they receive the appropriate vaccinations for visiting Ghana prior to their trip. Documentation of yellow fever vaccination is required for entry to Ghana.
<https://www.passporthealthusa.com/destination-advice/ghana/>
- Volunteers will be responsible for providing their own travel and health insurance.

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Once we receive your application, Children of the Light's Management Committee will review your application and the supporting documents. If accepted, detailed information regarding the position and/or trip will be sent to you via email.

**MAKE TRAVEL ARRANGEMENTS ONLY IF YOU HAVE RECEIVED AN
ACCEPTANCE EMAIL AND CONFIRMED DATES OF SERVICE**



VOLUNTEER APPLICATION FORM

Surname: _____

First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip/ postal code: _____

Email: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Date of Birth: _____ Religion: _____

Dates you are interested in volunteering: _____

Length of time: _____

Have you applied to Children of the Light before? Yes _____ No _____

If yes, give dates you served and in what capacity you served. _____

Do you have friends or relatives who have served with Children of the Light?

If yes, who? _____

Are you able to raise the funds to serve with Children of the Light i.e. to pay for your return flights from Ghana, costs for vaccinations? Yes _____ No _____

Have you been convicted of a criminal offense? Yes _____ No _____

If yes, explain: _____

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Are there any circumstances (medical or other) which could interfere with your work with Children of the Light? Yes _____ No _____

If yes, explain: _____

EMERGENCY CONTACT

Name: _____ Relationship to Applicant: _____

Residential Address: _____

Mobile: _____ Email: _____

MEDICAL HEALTH INFORMATION

The primary purpose of obtaining this information is to determine medical eligibility for service in Ghana. The information on this form may be made available to appropriate staff. Failure to provide accurate information may result in changes to the volunteer role.

Do you have a history of any of the following? (circle yes or no - if yes, explain):

1.	Frequent or severe headaches	Yes	No
2.	Dizzy spells, fainting and blackouts	Yes	No
3.	Epilepsy or seizures	Yes	No
4.	Chronic eye trouble or vision problems	Yes	No
5.	Hypertension	Yes	No
6.	Thyroid	Yes	No
7.	Asthma	Yes	No
8.	Breathing trouble i.e. frequent cough or shortness of breath	Yes	No
9.	TB or exposure to TB	Yes	No
10.	Anaemia or another blood disorder	Yes	No
11.	Heart problems	Yes	No
12.	Gastrointestinal Problems	Yes	No
13.	Hepatitis	Yes	No
14.	Any other medical problems not mentioned	Yes	No
15.	Do you smoke?	Yes	No
16.	Do you drink alcohol?	Yes	No
17.	Would you have a problem walking a distance of approximately 3km on a level plane at a steady pace without stopping?	Yes	No
18.	Have you ever been referred to or sought consultation or treatment from a mental health professional i.e. counsellor, psychologist, social worker?	Yes	No
19.	Have you ever received mental health treatment as an inpatient or an outpatient in a day treatment centre?	Yes	No

If you answer yes to any of the questions in the section titled ‘Medical Health Information’ (Questions 1 – 19) explain here. If you need more space, attach additional sheets:

Current Medication – List All		
Name	Dosage	Frequency

List any allergies (drugs and others): -----

CONSENT FOR TREATMENT

- I _____ have completed this Medical Health Information form to the best of my knowledge.
- I also understand the need to report changes in my health status or treatment rendered by a physician prior to me joining Children of the Light.
- I consent to this information being shared with the Children of the Light Management Committee, if deemed necessary.
- If I require medical treatment while volunteering with Children of the Light, I hereby agree to the performance of such treatment with the consultation of Children of the Light's attending physician, if deemed necessary.

Signature of Applicant

Date



Dear Prospective Volunteer,

Thank you for your interest in the Children of the Light Volunteer Program. Prior to making a commitment to Children of the Light you should be advised and in agreement with the following risks.

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While traveling as a Children of the Light volunteer, you assume the same risks as you would if traveling personally. As such, Children of the Light cannot be responsible for any theft and/or personal injury that may occur during your travels. You may wish to consider buying insurance that would cover such unfortunate incidents. Historically, these issues have not been a problem and rarely encountered; however, it is necessary for you to be duly informed.

Children of the Light thanks you for your interest and anticipated participation in the Children of the Light Volunteer Program.

Yours sincerely,
Children of the Light Management Committee

Signature of Applicant

Date

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REFEREE'S CONTACT INFORMATION

Name	
Email	
Title/Organisation	
Phone	
Mobile Phone	
Country	
Address Line 1	
Address Line 2	
State/Province/Territory	
Zip/Postal Code	
What is the referee's relationship to the applicant?	
How many years has the referee known the applicant?	