



## **SUDAN VOLUNTEER ORGANIZATION (S.V.O)**

### **VOLUNTEER APPLICATION MEMBERSHIP**

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in SVO.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Interests: Please tell us in which areas you are interested in volunteering:**

Administration

Events

Programming

Fundraising

Trip to refugee camps

Communication

Education (School)

Special needs

S.V.O Restaurant

**Please indicate days available:**

\_\_\_ Monday\_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday\_\_\_ Sunday

Times available: From \_\_\_\_\_ to \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

**In case of emergency:**

Name \_\_\_\_\_

Phone number: \_\_\_\_\_

**Please read the following carefully before signing this application:**

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. In addition to the S.V.O policies, I agree to follow the rules and regulations of the country where I am volunteering. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward. However, volunteers may receive a certificate from SVO after certain numbers of volunteering hours.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**If you have any questions or require help with this form, do not hesitate to contact:**

Office phone: +23 526 684 9103

Email: ohdcsoma@gmail.com

Abdul Bagi: +1 213 453 5290

Email: abbe.svo1@gmail.com