 **Furaha Centre for Exceptional Children**

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**FURAHA CENTRE FOR EXCEPTIONAL CHILDREN**

**Volunteer application form**

**Personal information**

First name ----------------------------------Last Name ----------------------------

Please attach a passport size photograph

 Date of Birth ------------------------------Nationality -------------------------------

 Gender ------------------------------Marital status ------------------------------------

 ID Number / passport Number ------------------

 Postal address ------------------------------Mobile telephone ---------------------

 Email address----------------------------------

**Emergency contact**

Name --------------------------------------------Relationship -------------------------------------------

Telephone --------------------------------------------

**Education Background**

|  |  |  |  |
| --- | --- | --- | --- |
| School | Name of school or course of study  | Year completed  | Currently attending  |
| High school  |  |  |  |
| College  |  |  |  |
| Other  |  |  |  |
| Special training or skills received  |  |  |  |

**Employment history**

|  |  |  |  |
| --- | --- | --- | --- |
| Employer  | Job title | Period (from- to) | Reason for leaving  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Volunteer experience**

|  |  |  |  |
| --- | --- | --- | --- |
| Organization  | volunteer work done |  Period (From – to) | Reason for leaving  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

BEFORE ACCEPTING THE VOLUNTEER, FURAHA CENTRE MERU/FURAHA ITALIA ONLUS RESERV THE RIGHT TO MAKE DECISION WHETHER TO ACCEPT OR REJECT THE APLICATION AFTER SHORT INTERVIEW DONE BY OUR REPRESENTATIVES IN POLAND / OR ON SKYPE

How long are you applying for volunteer?

How often will you like to volunteer?

Please indicate the skills and experience you would like to bring to your volunteer ship.

What are your reasons for volunteering?

Please list two references, past and present employer, teachers or volunteer superior (we cannot accept family members or friend as references

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone numbers/ emails \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is the policy of the Furaha Centre to screen all prospective volunteers. Therefore, I hereby authorize Furaha Centre to check my reference, and I understand that a criminal background check is required.

 While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.

I understand and respect the confidential nature of the information I might have access to in performing my volunteer duties for the organization.

As a volunteer for Furaha Centre, I agree to abide by all applicable rules and regulations of the home. I understand that I will receive no monetary benefits in return for my volunteer service and that CCI may terminate this agreement at any time without prior notice for any reason. I understand that after I submit my application it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the in-charge and on-site orientation to perform my volunteer role.

Volunteer signature------------------------------------------------ Date ----------------------------------------------

**For office use only**

Date received--------------------------------------------------Date interviewed -------------------------------------

Name and signature of Supervisor ---------------------------------------------------

Additional comments -------------------------------------------------------------------------------------------------------------

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*VOLUNTEER AGREEMENT*

**This agreement of volunteer ship is made the ………………………day of……………………..2016 between (volunteer)…………………………….of P.O Box…………………………..and (organization)………………………..**

**Of P.O Box………………………….hereafter known as (org)……………………………………...**

Regulations and conditions of volunteering as set here in will be deemed to constitute an agreement of volunteering in fulfillment of current volunteership agreement.

1. **Date of commencement :…………………….day of………………….2016**
2. **Place of work**: You shall be based for the time being at………………………………….
3. **Job Functions**: You shall be answerable to ------------------- who will assign you daily/weekly duties, and you shall also be required to carry out associated functions as the Furaha Centre may require from time to time (see attached job description).
4. **The length of service**: You will be on volunteer service for the period of ……………..months after which the organization will terminate your volunteership.
5. **Hours of work**: The hours of work shall be from ……………………..am to …………………pm
6. **Monetary Consideration**: You will carry out duties on voluntary basis hence no claim for salary, honorarium or other form of benefits as a result of carrying out assigned tasks. However, the organization may cater for the following job related expense---------------------.
7. **Absence through illness**: The supervisor must be notified as early as possible before 9.00am if you are unable to attend duty, and medical certificate must be presented on resuming back to the work station.
8. **Grievance procedure**: Grievance raised by a volunteer shall be expeditiously and fairly resolved.
9. **Dismissal**: The organization hopes that it will not become necessary to dismiss a volunteer, but if it becomes necessary after the ascertainment of evidence, the following procedures shall be followed:
* The volunteer shall receive a first verbal warning
* The volunteer shall receive first written warning
* The volunteer shall receive final written warning, and if no change appears,
* The volunteer shall be dismissed in the event of it becoming clear that no improvement is forthcoming.
1. **Dressing**: All Volunteers are expected to conform to acceptable standards of dressing to ensure that the image portrays professionalism approach of the organization.
2. **Confidentiality**: You shall not be allowed to disclose to any person, or to use for your own benefit any confidential information e.g. photos, videos etc., that you may receive or obtain in relation to the affairs of the organization or its clients.
3. **Code of conduct:**
* Demonstrate integrity, respect and professionalism to all
* If participating in direct fundraising activity I understand that is an offence not to return to Furaha Centre any monies collected on behalf of the Centre.
* To show loyalty and belief in work of the organization
* To abide by polices of Furaha Centre that protect the organization, staff and children and more so uphold the expected behavior protocol outlined in child protection policy and if I do not understand any sectionof this policies, I should seek clarification from the Supervisor of in charge of the home.
1. **Costs:**
* **Every volunteer should take part in the Project “Podaj Mi Rękę” by supporting the therpy of one child for one year – 100 zł per month**
* Transport (Nairobi – Meru – Nairobi – 140 Euro
* **Centre provides: accommodation, lunch,**
* **Breakfast and dinner is on the side of Volunteer**
* **EXTRAS – SAFARIS – ADDITIONAL COST**

**FURAHA CENTRE MERU AND HELP FURAHA FOUNDATION IS REQUESTING ALL OUR VOLUNTEERS, AFTER THE KENYA EXPERIENCE TO BECOME OUR AMBASADORS AND PROMOTE OUR PROJECTS AMONG THE FRIENDS AND RELATIVES SO THAT THE CIRCLE OF FRIENDS WILL GROW EVERY NOW AND THAN.**

 ***I agree to be bound by the Regulation and conditions of volunteer ship agreement***

 ***Signature of Volunteer…………………………………………………………………Date…………………….***

 ***Signature of in charge of the FURAHA CENTRE………………………………Date……………………………..***