



DiDe Rwanda
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DIDE RWANDA VOLUNTEER APPLICATION FORM

Personal Information

Name:..... Gender: Male Female
Address:..... D.O.B:...../...../.....
City:..... Province:.....
Mobile Phone:..... Email:.....
Status: Single Married Divorced Widow

Volunteer Position Information

Are you currently employed?: Yes No Occupation:.....
What skills will you contribute to the Organization:.....
What experience do you have in that Area:.....
Why do you want to be a DIDE Volunteer?:

Availability

Numbers of hours available every week/ Month/ Year:

1-5 5-10 10-15

Please list the time frame you are available to volunteer:

Monday: Start_____End_____
 Tuesday: Start_____End_____
 Wednesday: Start_____End_____
 Thursday: Start_____End_____
 Friday: Start_____End_____
 Saturday: Start_____End_____

Education

What is your highest Education level?:.....

Personal Reference: 1. Name:

2. Telephone:.....

3. Email:.....

Have you ever convicted of a felony or misdemeanor: Yes No

If yes, please explain.....

By signing below you agree that all information you have provided in this application is true to the best of your knowledge.

Date:.....

Signature:.....