

# Bugoye Children Advocacy & Life Planning organization



P. O. BOX ....., Mukono, Uganda

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website: <http://bucalpo.wix.com/destinyschool>

## Volunteer's Application Form

### COMPANY/PERSON ( Name of applicant)

Name/ Surname

Gender

Nationality

Date of Birth

Marital Status

Occupation

ID/ Passport Number

Date/ Place of Issue

Date of expire

Any special need or  
problem of Health,  
Diet, Disability

Languages spoken

Volunteer project applied for

Date and period of your  
volunteer project

Interests while at  
Bucalpo Uganda

Other voluntary work  
recently involved activities  
done, dates, organization and  
country.



**BUCALPO Uganda** REG: MKN/CBO/1770/2015

Bugoye Village, Ntenjeru Sub County , Mukono District, central Uganda



|                      |  |
|----------------------|--|
| Your Contact Address |  |
| Tel/ Cellphone       |  |
| Fax                  |  |
| Email Address        |  |
| Next of Kin Name     |  |
| Contact Number       |  |
| Email Address        |  |
|                      |  |
| Email                |  |
|                      |  |

I hereby apply for participation in the above volunteering program at Bucalpo Uganda.  
I also declare that the information given on this application form is correct to the best of my knowledge and belief.

Signed

.....

Date

.....

|                            |  |                           |  |
|----------------------------|--|---------------------------|--|
| <b>FOR OFFICE USE ONLY</b> |  | <b>Date of Submission</b> |  |
| <b>Application from</b>    |  | <b>Received by</b>        |  |
| <b>Phone</b>               |  | <b>Date /Signature</b>    |  |
| <b>Email</b>               |  | <b>Official Stamp</b>     |  |