



GRACE
IF IT'S A THREAT TO LIFE, WE CARE

VOLUNTEER APPLICATION FORM

Global Resilience Alliance for Community Emergencies (GRACE)

Thank you for your interest in joining our team of dedicated volunteers! Please complete this application form to help us understand your skills, interests, and how you can contribute to our mission.

Personal Information

1. **Full Name:** _____
2. **Date of Birth:** _____
3. **Gender:** ☐ Male ☐ Female ☐ Prefer not to say
4. **Nationality:** _____
5. **Address:** _____

6. **Phone Number:** _____
7. **Email Address:** _____
8. **Emergency Contact Name:** _____
9. **Emergency Contact Relationship:** _____
10. **Emergency Contact Phone Number:** _____

Volunteer Preferences

1. **Which initiative(s) are you interested in volunteering for?** (Check all that apply)
 - ☐ Safe Paths Initiative
 - ☐ Global Health Impact Initiative
 - ☐ Golden Redemption Initiative
 - ☐ Green Heart Initiative
 - ☐ GRACE Emergency Relief Fund
 - ☐ Empowerment Circles Initiative
 - ☐ Carelines with GRACE
2. **What role(s) are you most interested in?**
 - ☐ Event Coordination





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- ☐ Public Health Outreach
- ☐ Community Education
- ☐ Administrative Support
- ☐ Fundraising and Partnerships
- ☐ Media and Communications
- ☐ Other: _____

3. **Preferred Volunteering Location(s):**

- ☐ Local (within Ghana)
- ☐ International (Virtual or on-site)

4. **Availability:**

- ☐ Weekdays ☐ Weekends ☐ Flexible

Please specify times: _____

Skills and Experience

1. **What skills or expertise can you bring to GRACE?**

- ☐ Project Management
- ☐ Healthcare/Medical
- ☐ Environmental Conservation
- ☐ Advocacy and Public Speaking
- ☐ Writing/Editing
- ☐ Graphic Design/Media Production
- ☐ Other: _____

2. **Do you have previous volunteer experience?**

- ☐ Yes ☐ No

If yes, please describe your experience:

3. **Languages Spoken:** _____

4. **Certifications or Qualifications** (if any):





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Why GRACE?

1. Why are you interested in volunteering with GRACE?

2. What do you hope to gain from this experience?

References

Please provide the contact information for two references:

1. Reference 1:

Name: _____

Relationship: _____

Phone: _____

Email: _____

2. Reference 2:

Name: _____

Relationship: _____

Phone: _____

Email: _____

Declaration

I confirm that the information provided in this application is accurate and complete to the best of my knowledge.

Signature: _____

Date: _____

Submission Instructions

Please submit the completed application form via email to volunteers@grace-global.org or deliver it to our office at GRACE Headquarters, P.O.Box KS15767, Adum-Kumasi, Ashanti Region, Ghana

We appreciate your interest and will get in touch soon!

