



Group Volunteer Application Form.

Thank you for your interest in volunteering with ACF. Please fill the form below, providing as much information as possible. **Note:** This form is also available in pdf. See the Downloads section at the bottom.

You must provide the information for fields indicated by ***.

Enter the number of people in your group:	<input type="text"/> *** Men <input type="text"/> *** Women <input type="text"/> Children
*** Names of contact person:	<input type="text"/>
Gender of Contact Person:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Origin:	<input type="text"/>
Mailing address:	<input type="text"/>
State (US Residents) :	<input type="text"/>
Post/Zip code:	<input type="text"/>
*** Country:	<input type="text"/>
Phone (home):	<input type="text"/>
Phone (work):	<input type="text"/>
Fax:	<input type="text"/>
*** Email address (please check):	<input type="text"/>
Alternate email address:	<input type="text"/>
Do you have a religious background? (Please specify) ***	<input type="text"/>

After Filling, Send to: The African Child Foundation, P.O. Box 29523 Kampala – Uganda, East Africa.
Or Email to: admin@acfuganda.org. Telephone: (256) 782 626342, (256) 414 386151, (256) 712 836 624



THE AFRICAN CHILD FOUNDATION

Defend the fatherless, plead for the widow. -- Isaiah 1:17

How long would you like to volunteer for?	<input type="text"/>
When will you arrive in Uganda ? ***	MM: <input type="text"/> YY: <input type="text"/>
What volunteer program are you most interested in?	<input type="text"/>
What is your second choice?	<input type="text"/>
What is your interest in the Uganda program?	<input type="text"/>
Do you require any further information? Please state.	<input type="text"/>
How did you locate our website?	<input type="text"/>
*** We have all read, and agree to, your legal terms of service	<input type="checkbox"/> We agree (You Must Check)

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