***NB: Please do well to turn to the back page after this section to complete the entire form.***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Volunteers Registration Form**  ***(Complete the form with block letters)*** | | | | | **Volunteers ID Number**  ***(Shall be provided by the international office)*** | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | |
| Full Name :  (Nom et prénoms) | |  | | | | | | | | | | | | | | | | | | |
| Date of Birth:  Date de naissance | |  | | | | Place of Birth:  Lieu de naissance | | | | |  | | | | | | | | | |
| Nationality:  Nationalité | |  | | | | Country of Residence:  Pays de résidence | | | | | | | |  | | | | |  | |
| Title:  Titre | |  | | | | Sex: | | | Male | |  | | Female | |  | | Other | |  | |
| Mobile #:  Telephone | |  | | | | Email: | | | | |  | | | | | | | | | |
| Address: | |  | | | | Immediate Contact Person ***(in case of emergency)***  Personne à contacter en cas d'urgence | | | | | | | | | | | | | | |
| Name:  Nom | | | | |  | | | | | | | | | |
| Mobile #:  Telephone | | | | |  | | | | | | | | | |
| Valid National Identification Number  Numéro de piece d'identité Valide | | | | | | |  | | | |  | | | | | | | | | |
| ID Type ***(Please state, voter, passport or others):***  ***Type de pièce d'identité*** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **EDUCATIONAL BACKGROUND *(Add details where applicable)***  ***Background Académique*** | | | | | | | | | | | | | | | | | | | | |
| **Level** | **Institution** | | | | | | | | | **Year** | | | | | **Programme** | | | | | |
| Elementary  Primaire |  | | | | | | | | |  | | | | |  | | | | | |
| Senior High  Second cycle |  | | | | | | | | |  | | | | |  | | | | | |
| 1st Degree  Licence |  | | | | | | | | |  | | | | |  | | | | | |
| 2nd Degree  Master |  | | | | | | | | |  | | | | |  | | | | | |
| Doctorate  Doctorat |  | | | | | | | | |  | | | | |  | | | | | |
| PhD |  | | | | | | | | |  | | | | |  | | | | | |
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| **WORKING EXPERIENCE**  **Expérience professionnelle** | | | | | | | | | | | | | | | | | | | | |
| **Organization/Structure** | | | | | | | | | | **Year/ Année** | | | | | **Position/ Poste** | | | | | |
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| **SKILLS & EXPERTISE**  **Aptitudes & Domaines d'expertise** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **INTERESTS**  **Centres d'Intérêts** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **SECTOR/DIVISION *(Kindly tick not more than two of the areas you will like to work)***  ***Secteur d'activités ( veuillez choisir au maximum deux secteurs d'activités)*** | | | | | | | | | | | | | | | | | | | | |
| Education | | | National Initiative on Education  Projets d'Education Nationale | | | | | | | | | | | | | | | NIE | |  |
| Youth Entrepreneurship | | | Youth Entrepreneurial Empowerment Programs  Renforcement des capacités Entrepreunariales Des jeunes | | | | | | | | | | | | | | | YEEP | |  |
| Health | | | Health Care Projects  Projets de Santé | | | | | | | | | | | | | | | HCP | |  |
| Agriculture | | | Rural Agricultural Support Programs  Projets d'appui à l'Agriculture en milieu Rural | | | | | | | | | | | | | | | RASP | |  |
| Training & Conferences  Formation & Conférences | | | | | | | | | | | | | | | | | | | |  |
| Advocacy  Plaidoyer | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| **COMMENTS**  **Commentaires** | | | | | | | | | | | | | | | | | | | | |
| How did you get to know about us?  Comment avez-vous entendu parler de nous?  Do you have any physical disabilities? If yes, please state below.  Avez-vous in handicape quelconque? Si oui faites en cas ci-dessous | | | | | | | | | | | | | | | | | | | | |
| **For office use only (Réservé uniquement au Bureau de l'IMDID) *(a completed copy of this form must be sent to the International Office, Ghana before an individual can be recognized as an IMDID Volunteer/Member in any country)*** | | | | | | | | | | | | | | | | | | | | |
| Registration Date: | | | | | | | | Date admitted as a member: | | | | | | | | | | | | |
| Country: | | | | | | | | ID#: | | | | | | | | | | | | |
| Position: | | | | | | | | | | | | | | | | | | | | |
| Membership Termination Date: | | | |  | | | | | | | | Authorized Int. Office Staff Sign | | | | | | | | |