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

|  |  |  |
| --- | --- | --- |
| **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 NumberNuméro 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** |
| ElementaryPrimaire |  |  |  |
| Senior HighSecond cycle  |  |  |  |
| 1st DegreeLicence |  |  |  |
| 2nd DegreeMaster |  |  |  |
| DoctorateDoctorat |  |  |  |
| PhD |  |  |  |
|  |
| **WORKING EXPERIENCE****Expérience professionnelle** |
| **Organization/Structure** | **Year/ Année** | **Position/ Poste** |
|  |  |  |
|  |  |  |
|  |  |  |
| **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 EducationProjets d'Education Nationale | NIE |  |
| Youth Entrepreneurship | Youth Entrepreneurial Empowerment ProgramsRenforcement des capacités Entrepreunariales Des jeunes | YEEP |  |
| Health | Health Care ProjectsProjets de Santé | HCP |  |
| Agriculture | Rural Agricultural Support ProgramsProjets d'appui à l'Agriculture en milieu Rural | RASP |  |
| Training & ConferencesFormation & Conférences |  |
| AdvocacyPlaidoyer |  |
|  |
| **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 |