



SHIFOGA

Shimba Hills Forest Guides

C/O P.O BOX 5 - 80403 Kwale

Mobile phone: +254 739 74 84 26, +254 724 22 72 24

E-mail shifoga@yahoo.com

VOLUNTEERING APPLICATION FORM:

Send a filled copy of this application form and all required documents to shifoga@yahoo.com.

BASIC INFORMATION		
1.	Full Names	
2.	Email Address	
3.	Mobile Phone Number	
4.	Date of Birth	
5.	Physical Address	
6.	Next of Kin (Details)	Name
		Relationship
		Mobile No
		Email address
7.	Any medical condition/s we should know about (If yes please explain & highlight the medical interventions that you are prescribed to)	

Conservation for Posterity

Shimba Hills Forest Guides is Kenyan registered non-profit making organization.
Partners: Kenya Wildlife Service, Kenya Forest Service – Kwale & WWF- Coast region

RELEVANT EXPERIENCE/MOTIVATION TO WORK FOR THE ORGANIZATION

1.	General Personal Introduction (Briefly tell us about yourself)	
2.	Current job title or studies	
3.	How did you find out about SHIFOGA?	
4.	English language skills (Excellent, good, Average ,poor)	
5.	Based on project programs, What activities would you like to indulge in during your stay?	
6.	For how long would you wish to volunteer at the project (Please specify the expected dates)	

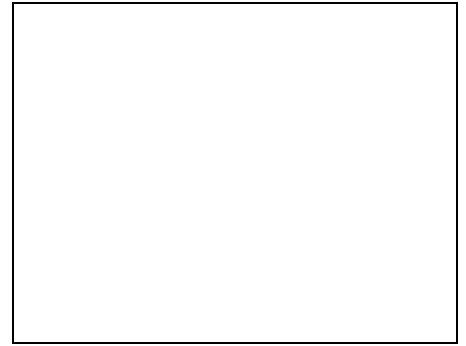
REQUIREMENTS CHECKLIST

	REQUIREMENT	YES	NO	OTHERS(EXPLAIN)	EXPIRERY DATE (If applicable)
1.	Valid Passport				
2.	Travel Visa				
3.	Medical Insurance				
4.	Criminal Records				
5.	Covid PCR (Done at most 3days to arrival)				
6.	Cover/Introductory Letter				

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DISCLAIMER



Upload your passport Photo Here

In my capacity as a volunteer at SHIFOGA I may learn personal facts about staff, volunteers, clients and member agencies. I may become aware of confidential information related to the operation of the organization. I understand that I must exercise due diligence and caution in any discussion related to Volunteer Toronto and its business.

I understand that confidential information may be disclosed to me in the course of my duties and will not be divulged unless I believe that it is necessary and would only do so to my immediate supervisor.

I also understand that confidentiality is not limited to my current affiliation with SHIFOGA and that it continues in perpetuity.

Name of the Volunteer: _____

Signature: _____

Date: _____

Volunteer Coordinator Signature: _____

Date: _____

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The Code of Conduct

This code of conduct has been drawn up to clarify what is expected from volunteers joining SHIFOGA whilst in their role. The code of conduct demonstrates what is considered to be professional behavior to help keep everyone safe, and ensure volunteers have a meaningful volunteer experience.

The Code of Conduct sets out the expectations of the organization and should be treated accordingly.

All volunteers are asked to sign the code of conduct to show they commit to obey the rules of SHIFOGA

Volunteers have the right:

- ◆ Work in a safe & healthy workplace, to know about unsafe work and to refuse unsafe work
- ◆ A supportive environment in which to work and contribute
- ◆ Effective and meaningful volunteer involvement practices
- ◆ Have their say about their work and ideas regarding their role or program
- ◆ Provide feedback and receive feedback when requested and at regular intervals
- ◆ Ask for and receive support from their supervisor when required
- ◆ Be accommodated for any ability needs in order to complete non-essential tasks of the role

Volunteers commit to abide by the following:

- ◆ To fulfil the role as outlined in the role description and to request further training if needed
- ◆ To follow the organizational policies and procedures that apply to the volunteer role
- ◆ To give suitable notice to SHIFOGA when not available or unable to attend
- ◆ To show respect and consideration at all times for fellow volunteers and in line with the culture of the organization

Public Profile

Volunteers are expected to commit to the aims and objectives of SHIFOGA while both inside and outside the organization. Invitations to speak on behalf of the Organization must be discussed and agreed with the allocated contact in SHIFOGA

Volunteer Name:	
Volunteer Signature:	
Date:	

The Volunteer Agreement

Volunteers are an important and valued part of our team at SHIFOGA. We hope that you enjoy volunteering with us and feel a part of our team.

This agreement tells you what you can expect from us and what we hope from you. We aim to be flexible, so please let us know if we can help you in any way to make your time with us more enjoyable.

The Volunteer is willing to give their time and services to the organization listed above, in turn, the host organization is willing to accept such time and service by the Volunteer.

In consideration of the above, the parties hereby agree to the following terms and conditions,

You are a Volunteer;

The position of eco-volunteer at SHIFOGA is a volunteer position. This means that, if you accept the role, you perform all duties on a voluntary basis and you will not receive remuneration or payment for your work, other than reasonable reimbursement of expenses (see below at paragraph 9).

Neither SHIFOGA or _____ (volunteer name) intend any employment or contractual relationship to be created (ie. you are not an employee, independent contractor or consultant at SHIFOGA

Our Commitment to you;

We have a dedicated team led by the Volunteer Coordinator which will support and guide you in your volunteering role with us:

We will make sure that you enjoy your role and get the most out of it, and we make a commitment to our volunteers as stipulated in the handbook.

What We Expect from you;

The volunteer is encouraged (on free will) to utilize his/her skills as need be. The volunteer is expected to undertake the following activities as well as take account of any other need the organization may have which have clearly stated in the handbook pages 5-6

Hours of Work

The normal hours of work will be set out as per the *roster* prepared by the program coordinator. If the volunteer is unable to work any of the rostered hours, he/she is requested (if possible) to provide one week's notice to the program coordinator. The volunteer is not normally expected to work public holidays.

Supervision

The Volunteer should report to their immediate supervisor on each day they are scheduled for organizational activities for guidance and instruction. For any reason, the immediate supervisor is not reachable you are to report to the Volunteer Coordinator for further advice.

Volunteer Manual

In signing this agreement, the volunteer acknowledges receiving a copy of the Volunteer Information Manual and agrees to be bound by the terms and conditions stated therein.

Termination

Because the Volunteer is not an active employee, they may terminate this volunteer agreement at any time for any reason they deem necessary, but upon submitting prior notice of 48 hours.

The Organization reserves the right to terminate this agreement any time without prior notification, and no refund whatsoever will be made to the volunteer.

Emergency Contacts

In the event that an emergency should occur while the Volunteer is providing services, the following contact should be notified immediately.

Emergency Contact Name: _____

Emergency Contact Phone: _____

Agreement;

This agreement is in honor only and is not a legally binding contract of employment and by signing the document all parties agree to the terms of this Agreement.

Volunteer signature: _____ **Date** _____

SHIFOGA signature: _____ **Date:** _____