

# VOLUNTARY WORKCAMP ASSOCIATION OF GHANA



P.O. BOX GP 1540

Accra, GHANA

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## MEMBERSHIP REGISTRATION FORM

### I REGISTRATION (for official use only)

Registration No:

Date:

Receipt No:

Membership Type: (underline) Student / Apprentice / Adult / Life

### II BIO-DATA

Name: Mr. / Ms. / Dr:

Nationality

Marital Status

Date of Birth

Sex: M / F Residential Address

Postal Address

Tel No.

Occupation

Camp Name (Nick Name):

In case of emergency during workcamp, please contact:

Mr. / Ms. /Dr.

Address

Tel No.

Relationship with contact person: Parent / Legal Guardian / Family Member (underline)

### III LANGUAGE PROFICIENCY: Indicate with YES or NO

LANGUAGE

SPOKEN  
PROFICIENCY

WRITTEN PROFICIENCY

**IV SCHOOL / INSTITUTION ATTENDED**

**NAME LOCATION NO. OF YEARS**

**V SPECIAL SKILLS: (underline)**

**Agric/Masonry/Carpentry/Plumbing/Electricals/FirstAid/Cooking/Computer/Teaching**

**VI Name and address of guarantor: (Head of institution, VOLU member, parent or guardian)**

**Tel No:**

**Guarantor's Signature:.**

**Applicant's  
Signature**