

Uganda Buddhist Centre
P.O BOX 898, ENTEBBE, UGANDA
E-mail: ugandabuddhistcentre@gmail.com
Website: www.ugandabuddhistcentre.com

Volunteer Application Form

This application must be filled in completely for anyone planning to stay or volunteer longer than seven non-retreat days at the Uganda Buddhist Centre. Please complete electronically and send via email to: ugandabuddhistcentre@gmail.com

Please, note that each volunteer is required to work for at least 4 hours a day.

Name _____

Street _____

City, State, Zip _____

Phone _____

Email _____

Fax _____

Sex M___ F___ Age_____

Passport number _____

Expiration Date _____

When do you want to start your residency? _____

When do you plan to leave? _____

Please explain in details why you would like to volunteer at the Uganda Buddhist Centre?

Please describe your past experience with meditation, including retreats you have attended, type of meditation, length of time you have been meditating.

Please list work skills you have that could be useful to the Uganda Buddhist Centre:
For instance: General skills or specific skills like office skills, kitchen experience, gardening, construction, writing/editing or no skills etc.)

Do you have any physical or health conditions that will limit your ability to participate fully in the activities of the Uganda Buddhist Centre.

Please describe in some detail how you have spent the past two or three years (work, school, travel, meditation retreat centres or others etc.)

Please list three (3) references (not relatives).

Reference 1

Name _____

Address _____

Phone _____

Relationship _____

How long has this person known you? _____

Reference 2

Name _____

Address _____

Phone _____

Relationship _____

How long has this person known you? _____

Safety Net

Please list the name of the person who will be your "safety net"—the person who will provide for you if you need to leave the Uganda Buddhist Centre for any reason.

Name _____

Address _____

Phone _____

Relationship _____

You must also complete and submit the Emergency Information Sheet (see below).

Emergency Information Sheet

This sheet must be on file for every short or long-term resident.

Name _____ Date _____

Person to be notified in the case of emergency:

Name _____

Address _____

Telephone(s) _____

Relationship _____

If that person is unavailable, please notify:

Name _____

Address _____

Telephone(s) _____

Relationship _____

I, _____ (name) acknowledge that all the information included in this application is true and complete. I authorize the Uganda Buddhist Centre to contact any of the individuals listed above to support this application.

Signature _____ Date _____