



JUHUDI AFRICA PROGRAMME

Changing Lives

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Email: info@juhudiafrica.org / juhudiafrica@gmail.com Website: www.juhudiafrica.org

Life Changing Experiences

You will be contacted when we receive your application. Your placement and work time will be confirmed 15 days prior to our confirmed programs. If you have any questions, please contact the Programs Coordinator juhudiafrica@gmail.com

Thank you!

* **Required**

PERSONAL INFORMATION:-

First Name *

Last Name *

Email address *

Telephone Contact *

Date of Birth *

Gender *

Male:

Female:

Nationality *

Residential Address (Include: City and Country) *

Website <http://juhudiafrica.org/volunteer-with-us/> for more information on the volunteer program

YOUR TRIP

Number of volunteers *

Length of stay (Number of Weeks) *

Programs of Interest *

Program Start Date *

Program End Date *

How did you learn about us? *

What has motivated you to apply and participate in our programs at Juhudi Africa? *

Education Background *

Employment Background

Current Medical Condition *

Emergency Contacts *

Comment or Message