



P.O BOX 3647, THIKA, KENYA 01002 +254 734 757 034 + 254 720 865 607 <http://www.kingafrica.org>

Please complete the following and email it to francis@kingafrica.org or kingafrica@gmail.com or call for more information.

Please also attach: A covering letter, and a Copy of your Resume.

General Information	
Full Name:	
Nationality:	
Sex:	
Date of Birth:	
Home Address:	
Post Code / Zip Code:	
Country:	
Home Phone: (including country code)	
Mobile Phone: (including country code)	
Email Address:	
Preferred Method of Contact:	
Professional Information	
Occupation: For example Student, Dentist, Doctor	
Education: List Institute / Level of Attainment / Year Completed / Qualification Obtained	
List Institute / Level of Attainment / Year Completed / Qualification Obtained	
List Institute / Level of Attainment / Year Completed / Qualification Obtained	
Languages Spoken:	
Previous Volunteer Experience:	
Have you Volunteered in Africa previously?	

Kinga Africa	
How long do you wish to volunteer at Kinga Africa:	
Preferred Dates:	
How do you wish to be accommodated:*	
Host Family, Hotel, Or Guest House	
How did you learn about Kinga Africa:	
What do you hope to achieve during your volunteer stay:	
Reasons for volunteering:	
Travel Insurance details:	
Would you like to contribute further financially to Kinga Africa: (\$150 USD registration fee is mandatory minimum for fundraising)	
References (3 required)	
Name:	
Address:	
Contact Details:	
Name:	
Address:	
Contact Details:	
Name:	
Address:	
Contact Details:	
Additional Information	
Dietary Requirements: (if applicable)	
Allergies: (if applicable)	
Personal Requirements: (ie. Safari Time, travelling with another person)	
Medical Conditions: (if applicable)	
Additional Information not listed:	