

Tel : (+220) 98127137 / 2221267 / 3700544 /
6366550

Email : prospectschools@gmail.com

Web: www.prospectsschoolsgambia.com

APPLICATION FORM FOR VOLUNTARY SKILL

NAME : -----

Date Of Birth ----- Place of Birth :

Tel : ----- Email: -----

Address :
.....
.....
.....
.....

State highest educational level : -----

Attach an application letter and copy of a credentials

State your period of service with the school ----week(s) -----M0nth(s)
----Year (s)

Can you work for the interest of the children from 8:00Am – 4Pm . Yes
No

State why you want to work with prospects :

I agree to testify that the above information given is a complete true and I am responsible to associate my mission with the school. I would abide by the rules and regulation of the during my duty in the school as a volunteer.

Sign -----

Date -----

Office Use

Approve

Remark

Not approve

Date -----

sign :

Director / Head

teacher

Lamin MA

Saidy