



# **VSO ICS Volunteer Application Form Nigeria**

**Completed forms should be returned to the VSO-ICS Team at  
No 14B, Banjul Street, Off Monrovia Street, Wuse 2, Abuja**

**Or by email**

**[icsprogramnigeria@gmail.com](mailto:icsprogramnigeria@gmail.com)**

**The deadline for submission is 5th of May by 4:30p.m**

**Only short listed candidates will be invited for the interview.**



Volunteers must be sure that they can cope with the above standards of behaviour before they apply for the programme.

**Personal Details**

Title: Mr., Mrs., Miss., Dr., Prof., Sir., (Circle as appropriate)

Given Name(s): .....

Family Name: .....

Postal Address: .....

Town/City: ..... State: .....

Marital Status: ..... Sex: .....

Date of Birth: .....

Email Address: .....

Mobile Number: .....

Contact Form: Telephone  Email   
(How would you prefer we contact you)?

**Background Details**

1. How did you hear about International Citizen Service?

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2. When will you be free to start your ICS volunteering?

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3. Are you willing and able to be away from home for a minimum of 3 months? (An ICS programme lasts for 3 months within Nigeria but maybe outside your home community)



- Yes, but only for 3 months
- Yes, for any timeframe
- No

4. When you return to your community, are you committed to undertaking action to share your experience with others in your local community or wider society?

- Yes
- No

5. What is your highest educational qualification? .....

6. What are you currently doing? (Please tick all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Studying full-time                        | <input type="checkbox"/> Studying part-time  |
| <input type="checkbox"/> Working full-time                         | <input type="checkbox"/> Working part-time   |
| <input type="checkbox"/> Volunteering                              | <input type="checkbox"/> Training            |
| <input type="checkbox"/> National Youth Service Corps (NYSC)       | <input type="checkbox"/> Year out / gap year |
| <input type="checkbox"/> Studying on government training programme | <input type="checkbox"/> Unemployed          |
| <input type="checkbox"/> Other (please describe) .....             |  |

7. Why do you want to volunteer on the ICS programme?

From the list below, please tick up to three answers that best express why you want to go on the programme. You must also provide an answer to the question in your own words in the field provided.

- |  |  |
|--|--|
| <input type="checkbox"/> Personal growth                         | <input type="checkbox"/> Interest in other cultures  |
| <input type="checkbox"/> Interest in international development   | <input type="checkbox"/> Travel                      |
| <input type="checkbox"/> Desire to understand more about poverty | <input type="checkbox"/> Practice my language skills |
| <input type="checkbox"/> Gain new skills/experience              | <input type="checkbox"/> Meet new people             |
| <input type="checkbox"/> Other                                   |  |

\*Describe your answer in your own words (no word limit but it's a requirement)

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**8. Which aspects of the ICS programme do you think that you would find the hardest and why?**

From the list below, please tick up to three answers which best express what you foresee to be the most challenging aspects about going on the programme. You are asked to also provide an answer to the question in your own words in the field provided.

- |   |  |
|---|--|
| <input type="checkbox"/> Being away from home                           | <input type="checkbox"/> Working in groups with others         |
| <input type="checkbox"/> Working in my community when returning         | <input type="checkbox"/> Being in an unfamiliar culture        |
| <input type="checkbox"/> Being able to lead or share skills with others | <input type="checkbox"/> Doing the project / work placement    |
| <input type="checkbox"/> Surviving without the comforts of home         | <input type="checkbox"/> Having skills that will be beneficial |
| <input type="checkbox"/> Staying in a Host Home                         | <input type="checkbox"/> Other                                 |

**\*Describe your answer in your own words** (no word limit but it's a requirement)

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**9. Please state why you think you should be selected to be on the ICS programme?**

No qualifications, skills or experience are required to participate. We are interested in any motivations, circumstances, or interests that might make you a good candidate.

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**10. Have you volunteered before? If so please give brief details.**

- Yes in Nigeria at ..... (Mention the organisation)
- Yes overseas with ..... (Mention the Organisation)
- No



**\*Describe what the concept of volunteering means to you**

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**11. What languages other than your mother tongue can you speak (at a basic conversational level)?**

Having a language is not essential to be on the programme but helps us understand your language skills.

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**12. Have you ever stayed with people who are not your relatives?**

- Yes     No



**Additional Personal Information**

In order to ensure the ICS programmes is inclusive of all individuals within society and that we take on the required duty of care for participants, we need to collect some additional personal information. This information will be kept confidential and will only be used for reporting and planning purposes. It will not be linked to the selection criteria for your chosen programme.

1. Which best describes your ethnic origin? .....

2. What religion, religious denomination or body do you belong to, if any? .....

3. Do you consider yourself to have a major illness or disability? (A disabled person is someone with a physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities)

Yes       No

\* If yes, describe the illness or disability (This is not a pre-request for selection, its only to help understand your medical condition so as to assist in time of need)

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**Medical Information**

In case you are accepted to be on the programme, you need to complete a medical history form below in order to be medically cleared. This is to ensure that any medical condition you may have can be managed on the programme and that we can provide the appropriate support for you. The information you provide below will enable us to begin this process. All data will be treated as confidential. In some cases, a Medical Advisor may wish to contact your doctor to get details. If this is the case, you will be contacted to seek your permission to do so. Your doctor will not be contacted without your permission.

If you answer 'yes' to any of the following questions, please give details:

1. Have you ever had any major illness, operations or accidents?

Yes       No

\* Give details: .....

2. Have you ever suffered from any mental/physical health problems?

Yes       No

\* Give details: .....



3. Are you taking any type of medication, or have you taken any medication in the last two years?

- Yes No

\* Give details: .....

4. Do you have any objections or allergic reactions to specific vaccinations or medication?

- Yes No

\* Give details: .....

Police Record

1. Have you ever been convicted for any criminal offence?

- No Yes (If yes, give an account of what happened)

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2. Are you currently implicated in any case under investigation or being prosecuted in any case (Criminal or civil)?

- No Yes (if yes, give details of the case)

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Referees

As a part of the selection process we need to speak to two referees, which we ask you to nominate below. The first referee, where possible, should be someone who knows you in a professional capacity ie. is a tutor / teacher / co-worker / religious or community group leader / manager, volunteer supervisor or Youth NGO or any other NGO leader. The second should be someone who has known you well for at least two years but with a traceable address.

**First Referee:**

Given Name: ..... Family Name: .....

How Known: .....

Address: .....

Mobile Telephone: [input box]

Email Address: [input box]



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Second Referee:

Given Name: ..... Family Name: .....

How Known: .....

Address: .....

Mobile Telephone: [input box]

Email Address: [input box]

Emergency

VSO should contact the following people should be contacted in case of an emergency while on ICS programme.

First Emergency Contact:

First Name ..... Surname: .....

Relationship .....

Address .....

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Mobile Telephone: [input box]

Email Address: [input box]

Second Emergency Contact:

First Name ..... Surname: .....

Relationship .....

Address .....

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VSO-ICS Volunteer Application Form, Nigeria



Mobile Telephone:

Email Address:

**Submit Application with the following Declaration**

By completing this form, I

agree that VSO through the International Citizen Service Programme will store and process my data in accordance with the requirements of their own Data Protection Policies and their Confidential Policies. They may pass my information to the relevant partner organizations in Nigeria and in-country staff, but will ensure that their counterparts continue to handle my personal information in accordance with their confidential and Data protection policies. They will hold any information I give them in order to contact me about my volunteering options. That they would also like to keep me informed about the range of ways I can become involved with the International Citizen Service.

Name: .....

Signature: .....

Date: .....

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