



# RIGHT TO LIVE ORGANIZATION

Duazon, Lower Margibi County

Republic of Liberia

Contacts: +231-775214920

E-mail: [righttoliveorganization.21@gmail.com](mailto:righttoliveorganization.21@gmail.com)



## Right to Live Volunteer Application Form

### Instructions:

Thank you for your interest in volunteering with the Right to Live Organization. Please complete the form below to help us understand your skills, interests, and availability. Your support will help us make a meaningful impact on the lives of children in Liberia.

### 1. Personal Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. Education and Training

Highest Qualification: \_\_\_\_\_

Course studied: \_\_\_\_\_

Institution attended: \_\_\_\_\_

### 3. Skills and Interests

**Which areas are you interested in volunteering?**

(Check all that apply)

Child Education Programs

Health Initiatives

Event Planning

Fundraising

Administrative Support

Social media and Marketing

Other (please specify): \_\_\_\_\_

**Please list any relevant skills or experience:**

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### 4. Motivation

**Motto: "Giving them chance to live"**  
Why do you want to volunteer with the Right to Live  
Organization? \_\_\_\_\_

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## 5. Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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## 6. Working with Children Questionnaire

Do you have any experience working with children?

Yes  No

If yes, please describe your experience:

\_\_\_\_\_  
\_\_\_\_\_

Are you comfortable working with children in various settings (e.g., educational, recreational, health-related)?

Yes  No

Do you have any relevant qualifications or training related to childcare, education, or child protection?

Yes  No

If yes, please specify:

How would you handle a situation where a child is distressed or upset?

(Please provide a brief response)

Have you ever been involved in any disciplinary actions related to working with children?

Yes  No

If yes, please provide details:

**Are you willing to undergo a background check if required?**

Yes  No

**Do you understand and agree to adhere to the child protection policies of the Right to Live Organization?**

Yes  No

**Declaration**

I, \_\_\_\_\_, declare that the information provided in this application is true and accurate to the best of my knowledge. I am committed to upholding the values and mission of the Right to Live Organization and will conduct myself with professionalism and respect during my volunteer service.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submission Instructions:**

Please submit this completed form via email to **aminata@righttolive.com** or deliver it to our office. We will review your application and contact you with further details.

**Motto: "Giving them chance to live"**