

## CLIENT INFORMATION FORM

Name:- .....

Male/Female:- .....

Date of birth:- .....

Address:- .....

Telephone:- .....

Mobile:- .....

E-mail:- .....

Occupation:- .....

Skills:- .....

Qualifications:- .....

Please attach your CV:- .....

Projects you are interested in:- .....

Duration:- .....

Living Preferences (smoker/non- smoker / sharing):- .....

What do you think that you can bring to a project:- .....

.....

When are you thinking of going:- .....

Have you done any voluntary work before:- .....

If yes, what and where:- .....

Do you have any medical conditions that project should be aware of?:- .....

If yes, please state:- .....

Do you have a criminal conviction that could prevent you from working overseas?:- .....

If yes, please state:- .....

*RICK SHARPE INTERNATIONAL will not pass on your details to any third party.*

**RICK SHARPE**  
**INTERNATIONAL**

Registered Charity No: 1144206

**MEDICAL SUPPLIES &  
CONTAINER CLINICS FOR KENYA**  
*Community Awareness & Malaria Programmes*

**VOLUNTEERS NEEDED IN THE UK & AFRICA**

[www.ricksharpe.co.uk](http://www.ricksharpe.co.uk)

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