



---

**INTERNSHIP (VOLUNTEER) APPLICATION FORM**

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title (Dr., Mr. Ms., etc.): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Institution Last Attended: \_\_\_\_\_ Alumni Batch: \_\_\_\_\_

Language(s) Known: \_\_\_\_\_

---

Address:

City/ Town: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

---

Present Occupation/ Designation: \_\_\_\_\_

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

Please indicate your area(s) of interest: *(Legal Advocacy, Study & Research, Information & Documentation, Peacebuilding & Human Rights Training, Lifelong Skills Training & Teaching, Arts (drawing, painting, and acting), Fundraising and Administration etc.):*

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

Period: \_\_\_\_\_

Country of interest (Burkina Faso, Canada (locals only) & Sierra Leone): \_\_\_\_\_

.....  
(Date)

.....  
(Signature)

---