

**Information Sheet  
MAZ or NDIIV Uganda Volunteer**

**Name:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email address:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

**Planned Dates of Service in Uganda:** \_\_\_\_\_

**Emergency Contact – Adult Family Member**

**Name:** \_\_\_\_\_

**Relationship to Volunteer:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email address:** \_\_\_\_\_

**Telephone Number(s) (Please include country and area exchanges.)**

\_\_\_\_\_

**Alternate Adult Contact**

**Name:** \_\_\_\_\_

**Relationship to Volunteer:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Email address:** \_\_\_\_\_

**Telephone Number(s) (Please include country and area exchanges.)**

\_\_\_\_\_