

REQUEST FOR JAPANESE VOLUNTEER

1. GENERAL INFORMATION

(1) Name, address and telephone number of the organization which requests the Volunteer:

(2) Function and major activities of the organization: (* preferably with an organizational structure chart)

(3) Annual budget of the organization:

(4) Name of requesting ministry and department / division / unit to which the volunteer is attached:

(5) Number of volunteers required in this field:

2. JOB DESCRIPTION OF THE VOLUNTEER

(1) Reasons for the request for the Volunteer:

(2) Post to be given to the Volunteer:

(3) Actual work to be requested to the Volunteer:

(4) Expected output of the assignment:

(5) Equipment available for the Volunteer that already exists (model, maker, etc.):

3. OFFICERS OF THE REQUESTING ORGANIZATION

(1) Name and position of the supervisor whom the Volunteer can get access to:

(2) Staffs / colleagues (e.g. age, number, educational background, technical experience, position):

(3) Technical level of the people whom the Volunteer works with (e.g. students, trainees, farmers):

4. REQUIREMENT FOR THE VOLUNTEER

(1) Technical field:

(2) Sex (specify if either sex should be excluded):

(3) Type of assignment (New / Extension / Successor):

(If this type is "Extension" or "Successor", please show whose extension or successor it is.)*

(4) Expected date and period of assignment:

(5) Required minimum educational background:

(6) Required minimum technical experience (year):

(7) Other qualification and experience (if any):

(8) Language (name, level):

5. FACILITIES TO BE PROVIDED TO THE VOLUNTEER

(1) Accommodation:

- will be provided free--- Full furnished / Semi-furnished / Not furnished
Electricity available / Not available
- will be subsidized

(2) Geography:

From the city of (name) _____, _____ km
By the means of _____, _____ hour(s)

(3) Transport:

- will be provided free, when official
- will be subsidized
- will not be provided

(4) Medical care:

- will be provided free at _____
- otherwise (please specify) _____

(5) Authorized annual leave:

(6) Working hour:

6. OTHER INFORMATION (FOREIGN ASSISTANCE)

- Financial support ---- Name of the country _____
Approximate amount _____
- Expert(s) ----- Name of organization _____
- Volunteer(s) ----- Name of organization _____

7. CORRESPONDENCE

** Name and address of the official to whom correspondence regarding this application should be forwarded.*

(Date)

(Signature)

(Name)

(Title, Ministry)