

**TRAINING OF RURAL WOMEN IN UGANDA  
(TORUWU)**

**P.O.BOX 29544 KAMPALA (UGANDA)**

**TELEPHONE +256-782-474513 /772-615487 EMAIL:toru.wu@yahoo.com**

**Web : www.toruwu.org**

---

Date.....

Your REF VOLUNTEER DIRECTLY

Our REF .....

**VOLUNTEER QUESTIONNAIRE**

1. NAMES

FIRST NAME.....

SURNAME.....

2. DATE OF BIRTH.....

3. SEX :

MALE.....

FEMALE .....

4. COUNTRY OF ORIGIN.....

5. WHICH ACTIVITIES WOULD YOU LIKE TO BE INVOLVED / ENGAGED IN

.....

.....

.....

6. DATE OF ARRIVAL.....

7. DEPARTURE.....

YOURS.....

TORUWU MANAGEMENT