

# **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.*

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(Date)

-----  
(Signature)

-----  
(Name)

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(Title, Ministry)