



ALFECO FOUNDATION

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with the Alfeco Foundation!

We rely on dedicated individuals like you to help us make a meaningful impact across our pillars: **Education & Development, Food Security, Women & Youth, Conservation & Environment, and Alfeco Aid.**

Please complete the form below to apply.

PERSONAL DETAILS

Full Name: _____

Date of Birth: _____

ID/Passport Number: _____

Gender: _____

Physical Address: _____

Phone Number: (C) _____ (W) _____

Email Address: _____

Do you have any disabilities? (Yes/No) If yes, please specify:

Emergency Contact Name & Relationship: _____

Emergency Contact Number: _____

VOLUNTEER INTERESTS

Which pillar(s) are you interested in volunteering for? (Check all that apply)

- Education & Development
- Food Security
- Women & Youth
- Conservation & Environment
- Alfeco Aid



Preferred Volunteer Activities:

- Mentorship/Tutoring (programme specific)
- Assisting with Feeding Program launches
- Fundraising & Donations (books, toys, pads etc.)
- Community Outreach
- Marketing (social media posts/ambassador)
- Other (Please specify): _____

Do you have any previous volunteer experience? (Yes/No) If yes, please describe:

Do you have any relevant skills or qualifications?

ADDITIONAL INFORMATION

Why do you want to volunteer with the Alfeco Foundation?

Do you have any dietary restrictions or medical conditions we should be aware of?

How did you hear about the Alfeco Foundation?

CONSENT & DECLARATION

I, **[Full Name]** _____, confirm that the information provided is accurate and complete. I understand that submitting this application does not guarantee placement, and Alfeco Foundation reserves the right to accept or decline applicants based on program needs.

Signature: _____

Date: _____



ALFECO FOUNDATION VOLUNTEER INDEMNITY FORM

I, **[Full Name]**, _____

[ID/Passport Number] _____ hereby acknowledge that my participation as a volunteer is at my own risk and agree to release, indemnify, and hold harmless the Alfeco Foundation, its employees, representatives, and affiliates from any claims, liabilities, damages, or injuries that may result from my involvement in its activities.

I understand that:

- I am responsible for my personal safety and well-being while volunteering.
- Alfeco Foundation is not liable for any injuries, accidents, or loss of property during my participation.
- I will abide by the foundation's policies and respect the confidentiality of any sensitive information.

I confirm that I have read, understood, and accept the terms outlined above.

Volunteer Name: _____

Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____

For Office Use Only:

Application Approved

Application Declined

Remarks: _____

Reviewed by: _____

Date: _____