EFED VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with EFED. We believe in the power of fathers, father figures, and community role models to raise empowered daughters and strong families. Please fill out the form below to help us get to know you better.

SECTION 1: PERSONAL INFORMATION

Full Name:

ID Number:

Date of Birth:

Gender: [ ] Male   [ ] Female   [ ] Other

Nationality:

Residential Address:

Phone Number:

Alternative Number (Optional):

Email Address:

SECTION 2: AVAILABILITY

Preferred Volunteer Location (Province/Municipality):

Days Available: [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday [ ] Sunday

Times Available: [ ] Mornings [ ] Afternoons [ ] Evenings [ ] Flexible

Preferred Duration of Involvement: [ ] One-time [ ] 3 Months [ ] 6 Months [ ] 12 Months [ ] Ongoing

SECTION 3: INTEREST AREAS

[ ] Workshop Facilitation

[ ] Youth Mentorship

[ ] Administration & Data Entry

[ ] Sales & Membership Sign-Ups

[ ] Social Media & Digital Marketing

[ ] Community Outreach & Events

[ ] Fundraising & Sponsorships

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[ ] Security / Self-Defense Training

[ ] Graphic Design / Creative Services

[ ] Other (please specify):

SECTION 4: EXPERIENCE & SKILLS

Do you have any previous volunteer experience? [ ] Yes [ ] No

If yes, please describe briefly:

Relevant Skills or Qualifications:

Languages Spoken Fluently: [ ] English [ ] Zulu [ ] Xhosa [ ] Sotho [ ] Tswana [ ] Other:

SECTION 5: REFERENCES

Full Name:

Relationship:

Phone/Email:

SECTION 6: EMERGENCY CONTACT

Name:

Relationship:

Phone Number:

SECTION 7: DECLARATION

I certify that the above information is true and complete to the best of my knowledge. I understand that as a volunteer for EFED, I am expected to uphold the values of empowerment, respect, and integrity.

Signature:

Date: