

Volunteer Opportunities Incorporating Community Engagement

Volunteer Application

The foundation's objectives and aims are to promote the welfare and economic empowerment of the less privileged. Giving grants for start-up capital to widows in the country and Empowering girl's child in a bid to minimize the difficult challenges such groups face in society.

| Name: | | | |
|--|---------------------------------|--------------------------|--|
| Street Address: | | | |
| City: | State: | ZIP: | |
| Cell Phone: | Home Phone: _ | | |
| Email: | | | |
| Employer (if applicable): | | | |
| Are you over the age of 16? | | | |
| Do you have a valid driver's license? | se? Do you have transportation? | | |
| What languages do you speak fluently? | | | |
| Are you part of a church, organization or univ | versity that would like | to volunteer as a group? | |
| Group contact information: | | | |
| | | | |
| Below are some of the Please indicate the oppo | • | | |
| Office help (routine office tasks) | | | |
| Events (fundraising events, donor g | et-togethers, galas) | | |
| Communication (telephone calls, w | , | | |
| Distribution of disaster relief item | , | | |
| Sorting and packing of donated for | - | | |
| Something different (please explai | , | | |
| Offictining different (piease explai | '') | | |



**Medical Corps Volunteers

(In-country volunteers in Nigeria for medical services

| What is your medical specialty? | | |
|---|--|--|
| _icensure: | | |
| Certifications: | | |
| Do you have a current passport? | | |
| Are you available for a 30-day commitment? | | |
| What days are you available? | | |
| Mon: Tues: Wed: Thurs: Fri: Sat: Sun: | | |
| How many hours are you available per week? | | |
| Do you prefer mornings? afternoons? | | |
| Please describe any physical limitations: | | |
| | | |
| | | |
| Emergency Contact | | |
| Name: | | |
| ionship: Phone: | | |
| | | |
| Liability Release | | |
| As a volunteer of Humanity on Earth Foundation, I agree to abide by all policies and | | |
| procedures. I understand that I volunteer at my own risk and neither the organization nor its employees assume any liability for any accidental injury or health problem arising from | | |
| volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis | | |
| and I am not eligible to receive any monetary payment or reward in exchange for my service. | | |
| Signature: Date: | | |
| g | | |