

Volunteer's Application Form



Feed the Elderly Foundation
FIGHTING HUNGER. EXTENDING LOVE.

VOLUNTEER APPLICATION FORM

NOTE: *Completing and submitting this form does not guarantee you will become a volunteer of Feed The Elderly Foundation.*

All fields marked with an asterisk (*) are required.

Personal Information

*Names _____

*Date of Birth ____/____/____ * Sex Male Female

*Phone _____ Email _____

*Residential Address (full details) _____

*Work Address _____

* City/State _____ * Nationality _____

Academic Qualifications

Indicate and separate with commas where necessary

Language Ability

* In the case where you understand two or more languages, please tick appropriately.

English, Yoruba, Igbo, Hausa Others _____

Experience

If any, please describe in brief previous volunteer experience.

Location : Castle of Mercy, 2/4 Adeola Odutola College Road, Obalende, Ijebu-Ode, Ogun State, Nigeria.
Tel: +234 (0) 705 809 8979, 0813 729 6365 **Email:** team@feedtheelderly.org www.feedtheelderly.org



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State other clubs you belong to, (if any)

Have you had any experience with the old ones? Please describe if any.

Hobbies

What are your hobbies? _____

Availability

* Please specify day(s) and time of the week you will be available

* Please tell us which way you'd like to help:

Feed *the* Elderly Foundation **DOES NOT PROVIDE LODGING OR TRANSPORTATION**. If you live outside our location and need to stay with another volunteer, or if you stay around our location and can offer housing, please indicate here:

* I understand that I am subject to a background check. (Initial): _____

Send complete application to team@feedtheelderly.org Tel: +234 (0) 705 809 8979, 0813 729 6365.

Website: www.feedtheelderly.org

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