

IZON COMMUNITY SERVICE VOLUNTEER

(An outreach initiative of the Izon cultural heritage centre) Motto: Helping one another to build a greater Ijaw nation

VOLUNTEER APPLICATION FOR A PERIOD OF SIX (6) MONTHS, STARTING 23RD DECEMBER, 2024

Our organization encourages the participation of volunteers who support our mission to affect lives positively, voluntering does not attract any monthly stipends, it is strictly a selfless call to serve humanity. If you agree with our mission to affect lives positively and willing to abide by our terms and conditions, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most appropriate volunteer opportunity for you.

Thank you for your interest in our organization.

Name:						
Residential Address:						
City:	Nationality:		State:			
	¬ .		Phone:			
LGA:	Zip:		Flione.			
Email:	Guarantor:		Position:			
Any special talents or skills you have that you feel would benefit our organization?						
Interests:						
Please tell us in which areas you are interested in volunteering						
Center Volunteer (Administrative		Environmental health volunteers				
Protocol/Special event volunteers	🗌 Anti-socia	Anti-social vices campaign volunteers				
\Box Research, teaching and Docume	Cultural F	Cultural Renaissance volunteers				
Media and Publicity volunteers	Peace ac	Peace advocacy/youth conflict resolution volunteers				
Girl Child Education/Charity/fund	🗌 Legal aid	Legal aid volunteers				
Others (Specify):						
Please indicate days available:	□M □T	□W □Th	□F	□s		
Times available: From		То				
Preferred location of volunteerism:						
Any physical limitations?						
Emergency contact name & phone:						

I hereby sign up as a volunteer of the Izon community service volunteer initiative of the Izon cultural heritage Centre, i agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its board of trustees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work i do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature:			
Date:			
Signature o	of Guardian if under 18:		