



Volunteer agreement

VOLUNTEER Registration Form *page 1*

Thank you for interest in helping Amsha Africa Foundation “AAF”. In order to ensure that we follow best practice in recruiting and supporting our volunteers, we ask everyone to complete this registration and health questionnaire form.

If you have volunteered for AAF before, please only fill out the details that are relevant. If you are completely new to AAF, it is helpful to us if you would be kind enough to complete the form as comprehensively as possible in the first instance.

The health questionnaire helps us to ensure that we provide a safe environment for you to carry out your volunteering role, the answers to the questions will not exclude you from volunteering for AAF.

Should you decide to stop volunteering for AAF or at any point during the application process you decide not to go ahead, we will keep your details on file for 6 months and will continue to include you in our newsletter mailing lists until you request to be removed from the list. AAF operates a strict confidentiality policy and all information will be treated in confidence. Thank you again for offering to help.

Title Forename(s) Surname

Address

Postcode

Home tel Mobile tel

Email

What do you want to volunteer for Amsha Africa Foundation?

How did you hear about volunteering for Amsha Africa Foundation?

Amsha Africa Foundation (USA)
P.O. Box 798043
Dallas, TX 75379
U.S.A
+19727461478

Amsha Africa Foundation (Kenya)
Tivoli Centre, 1st Floor
P.O. Box 3264-40100
Kisumu, Kenya
+254723538544/+254734612144

Website
www.amshaafrika.org
U.S. EIN Reg. No
26-3259654
Email: volunteer@amshaafrika.org

Kenya Reg. No.
C.156348
Texas Reg. No.
801039523



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VOLUNTEER Registration Form *page 2*

To enable us to find the most suitable volunteering opportunity for you, please complete the following section.

Special skills or relevant hobbies and interests e.g. computer skills, organization of events, PR

Please give details of any previous voluntary work, employment or studies that you feel are relevant

Please indicate the type of help you would like to offer:

Admin Fundraising Charity Help e.g. public relations, marketing

Helping at or organizing AAF events, e.g. talent shows, car washes, etc

Charity management e.g. trustee or member of AAF board

Or state the role you are interested in

In accordance with the 1998 Data Protection Act (U.K.) & Personal Data Privacy and Security Act of 2009 (U.S.), I agree that Amsha Africa Foundation may hold and use personal information about me for volunteering reasons and to keep in touch with me. This information, including that contained in this form, will be stored on manual files. It will be held securely and only accessed by authorized personnel. Thank you for completing this form.

Please complete, sign and date the forms and return to Amsha Africa Foundation's addresses below or scan them and email them to volunteer@amshaafrika.org.

Signed

Date

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VOLUNTEER Health Questionnaire *page 3*

These questions are designed to help us to protect your health and safety, should you choose to volunteer. The information supplied by you on this form will be kept in the strictest confidence and will only be made available to the Amsha Africa Foundation Administrator and the Event Chairman.

Any details that you declare may not prevent you from joining our team but will help us avoid putting you at risk.

Title Forename(s) Surname

Address

Postcode

Home tel Mobile tel

Email

Volunteering for Amsha Africa Events may include undertaking the following tasks: standing for prolonged periods of time, lifting and carrying, working at heights, construction, working in a catering environment.

If you have had medical/physical conditions likely to be affected by any of these tasks, or which may limit your activities as a volunteer, please indicate below:

Are you in good health? Yes No

Are you receiving any treatment which may affect any of your proposed activities as a volunteer?

Yes No

Have you recently suffered from a serious illness? Yes No

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VOLUNTEER Health Questionnaire *page 4*

Please give details of an emergency contact (someone we can contact quickly should you be taken ill or be involved in an accident)

Full name

Address

Postcode

Daytime tel

Home tel

Mobile tel

Relationship to you

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