

GCI VOLUNTEER ENROLLMENT FORM

ELIGIBILITY: Gender Care Initiative welcomes volunteers from any discipline who wishes to contribute towards the achievement of our organizational objectives.

Enrollment is open to interest candidates any period of the year

A volunteer of Gender Care Initiative does not pay any type of dues, but can however contribute financially to the activities of the organization

PERSONAL DATA

NAME _____
Surname First Name Other Name

Birthday _____
Day / Month \ Year

SEX: _____
Male Female

Nationality: _____

State of Origin: _____

Occupation: _____

Office Address: _____

Work Tel: _____

Home Address: _____

Home Tel: _____

Hobbies: _____

EDUCATIONAL DATA

Institution Attended with Date	Course	Degree

(Please, start with the highest qualification)

Other Educational Information: _____

WORK DATA

Occupation: _____

Name/Address/ of School/Employer

Job Title: _____

Department (Student Only) _____

Course (Student Only) _____

Year of Study/Class (Student Only) _____

MEMBERSHIP OF OTHER NGOs/BODIES

- 1. Name of Organization _____
Address _____

- 2. Name of Organization _____
Address _____

- 3. Name of Organization _____
Address _____

VOLUNTEER CATEGORIES (Please Tick)

Individual Volunteer Corporate Volunteer

VOLUNTEER ENDORSEMENT

I hereby certify that the information herein is true and promise to abide by the rules of GCI volunteer Corp.

Signature _____ Date _____

FOR GENDER CARE INITIATIVE USE ONLY

Comments _____

Accepted Not Accepted

Registered No:

Signature of Verifying Officer _____ Date: _____