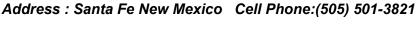
HEALTH

PCFT



PREPARE THE CHILDREN'S FUTURE TODAY INC



Volunteer Application

Thank you for your interest in volunteering with our Nonprofit Organization PCFT. We are glad to have you on board as a Volunteer.

All volunteer applications are reviewed with consideration of current volunteer opportunities

The information you provide will be stored in confidence under the provisions of PCFT protection Act

Your Completed applications will be held securely and confidentially. Only authorized Board of

Directors staff will have access to your personal information.

Personal Details

Full Name:_							Mr{	
Address:								
Country:					_City:		Zip:	
Cellphone :		Home Phone:						
Position:		E-Mail Address:						
Birth-Date:_	Day	_/_	Month	_/_	Year	_ Gender: M {	} F{}	
How did you	ı Hear al	out l	PCFT ?					
Do you have Where	any exp	periei	nce work	ing v	vith chil	dren or volunt	eering?Yes () No () If Yes	
		How long did you work there for						
What Langu	age(s)do	you	speak?_					
If you are in	volved w	vith P	CFT as a	volu	ınteer a	nd an emergei	ncy,who should we contact?	
Name:	Relationship:							
Cellphone :	Home Phone:							
Director	Signatu	re.				Volunteer S	ianature:	

E-mail: helpingchildrens3@gmail.com Website: hppt://helpingchildrenspcft.org/ Sincerely
PDG Daniel Mentor