Nawlage Is Power Inc.

Volunteer Application Form

Please complete the form below to help us learn more about your background, availability, and areas of interest.

Volunteer Information

Full Name: _____

Date of Birth: _____

Gender (optional): ☐ Male ☐ Female ☐ Other: _____

Address: _____

_____

Phone Number: _____

Email Address: _____

Contact Method: ☐ Phone ☐ Email ☐ Text ☐ Other: _____

When are you available? (Check all that apply):

☐ Weekdays ☐ Weekends ☐ Morning ☐ Afternoon ☐ Evening ☐ Other

If other, please explain: _____

Do you have any relevant skills or qualifications? (e.g., first aid, event planning, administration)

☐ Yes ☐ No If yes, please explain: _____

_____

Do you have any areas of interest? (e.g., fundraising, community outreach, office support)

☐ Yes ☐ No If yes, please explain: _____

_____

Do you have any previous volunteer experience?

☐ Yes ☐ No If yes, please complete the following:

Organization's Name: _____

Roles & Responsibilities: _____

_____

Date of Service(s): _____

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Emergency Contact Information

Contact Name: _____

Relationship: _____ **Phone # :** _____

Email Address: _____

References (Non-family Members)

Contact Name: _____

Relationship: _____ **Phone # :** _____

Email Address: _____

Contact Name: _____

Relationship: _____ **Phone # :** _____

Email Address: _____

By signing below, you confirm that all information provided is accurate to the best of your knowledge. You understand that volunteering may be contingent upon background checks or additional requirements set forth by Nawlage Is Power Inc.

Volunteer Name: _____

Signature: _____

Date: _____

Parent/Guardian (if under 18)

Guardian Name: _____

Signature: _____

Date: _____

Please return this completed application to volunteer@nawlageispowerinc.com.

We appreciate your interest in supporting Nawlage Is Power Inc and look forward to the possibility of working together!