■ KOKOLANA FOUNDATION

Together for Lasting Change

VOLUNTEER REGISTRATION FORM

The following details should be filled in order to become a volunteer at **KOKOLANA FOUNDATION**. Please complete all fields accurately and legibly. Fields marked with an asterisk (*) are mandatory.

SECTION A — PERSONAL INFORMATION

Full Name *

Date of Birth (DD/MM/YYYY) *

Gender *

Nationality *

Occupation *

Residential Address *

Phone Number *

WhatsApp Number *

Email Address *

SECTION B — BACKGROUND & SKILLS

Educational Qualification *

Area of Expertise / Skills *

Preferred Department *

■ Education ■ Health ■ Nutrition ■ Outreach ■ Media ■ Administration

Reason for Joining the Foundation *

Previous Volunteer Experience (if any) (optional)

SECTION C — EMERGENCY CONTACT & AVAILABILITY

Emergency Contact Person *

Emergency Contact Number *

Availability *

■ Weekdays ■ Weekends ■ Full-Time ■ Part-Time

Upload Passport Photograph *

Attach a recent passport-sized photograph here (printed forms) or upload via the online portal.

SECTION D — DECLARATION AND ACCEPTANCE OF FOUNDATION POLICIES

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand and agree to abide by the policies, code of conduct, and guidelines of **KOKOLANA FOUNDATION** throughout the duration of my volunteer engagement. I understand that any false information provided may result in disqualification or termination of my volunteer role.

Signature: _____ **Date:** _____

For Office Use Only — Application Reviewed By: _____ Date Reviewed: _____ Status: ■ Approved ■ Pending ■ Declined