



**I CARE CHILDREN FOUNDATION SIERRA LEONE – ICCF-SL  
VOLUNTEER/MEMBER REGISTRATION FORM**

DATE

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NAME

GENDER

DATE OF BIRTH

PLACE OF BIRTH

.....

.....

.....

ADDRESS

EMAIL

PHONE

.....

.....

.....

NATIONALITY

CURRENT CITY

WEBSITE

.....

.....

.....

LANGUAGE

MARITAL STATUS

OCCUPATION

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PLEASE COMPLETE THE FOLLOWING IN YOUR OWN WORDS

DO YOU CARE?

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WHAT INSPIRED YOU TO JOIN I CARE CHILDREN FOUNDATION?

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HOW DO YOU WANT TO GET INVOLVE?

.....

CAN YOU CONTRIBUTE TO I CARE CHILDREN FOUNDATION EVENTS OR PLANS WHEN NECESSARY?

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I ..... HEREBY AGREE TO ALL THE TERMS AND CONDITION OF I CARE CHILDREN FOUNDATION.

SIGN

DATE

WITNESS

DATE

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FOR ADMINISTRATION ONLY

SIGN

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DATE

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