



KINDNESS FOR LESS PRIVILEGE INITIATIVE

Membership & Volunteer Registration Form

Organization Name: _____

Registration Date: _____

1. Applicant Personal Information

Full Name: _____

Date of Birth: _____

Gender: Male Female Other

Residential Address: _____

City/State: _____

Phone Number: _____

Email Address: _____

Identification (ID Type & Number):

2. Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

3. Professional & Educational Background

Highest Level of Education:

Current Occupation/Profession:

Key Skills/Expertise:

4. Areas of Interest

- Community Outreach & Awareness
- Education & Mentorship
- Fundraising & Event Planning
- Administrative Support
- Fieldwork / Physical Labor
- Technical/IT Support
- Other: _____

5. Commitment & Availability

How much time can you dedicate per month?

- 1–5 Hours 5–10 Hours 10+ Hours

Are you available for weekend activities? Yes No

6. Declaration

I hereby apply for membership/volunteer status at the organization named above. I confirm that the information provided above is true and accurate. I agree to abide by the organization's code of conduct and uphold its mission.

Applicant Signature

Date: _____

Secretary's Signature

Date: _____

**Hon. Comrade Ugochukwu Sylvester Emeame
KINDNESS FOR LESS PRIVILEGE INITIATIVE**

All personal information collected is strictly for organizational purposes and will be kept confidential.