



**THE MARACHI FOUNDATION  
(TMF) SACCO SOCIETY LTD**

*Embracing Culture of Saving*

PO.BOX 53-50405 BUTULA

0722250160

AFFIX  
PASSPORT  
PHOTO

**VOLUNTEER REGISTRATION FORM**

**Personal Particulars:**

FULL NAME: .....

ID No: ..... DATE OF BIRTH: ..... GENDER: .....

PHYSICAL ADDRESS: ..... POSTAL ADDRESS: .....

PERSONAL EMAIL: ..... MOBILE NO: .....

OCCUPATION: .....

AREA CHIEF (HOME AREA): .....

Availability: .....

How many hours per week can you commit to volunteering?

.....

What days and times are you available?

.....

Preferred Start Date:.....

**Volunteer Interests:**

.....

.....

.....

What areas are you interested in volunteering? (select all that apply):

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Member Registration

Staff Training

Group Trainings

Other: .....

**Skills and Qualifications:**

Please list any relevant skills or certifications:

.....

.....

What languages do you speak fluently?

.....

.....

**Experience:**

.....

.....

Previous Volunteer Experience (if applicable):

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.....

Describe any relevant work experience:

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.....

Motivation:

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Why do you want to volunteer with The Marachi Foundation?

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What do you hope to achieve through your volunteer experience?

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**References:**

Please provide two references (Name, Relationship, Contact Information):

	Name	Relationship	Contact
1.	.....	.....	.....
2.	.....	.....	.....

Additional Information if any

.....

Do you have any questions or comments for us?

.....

.....

**Consent:**

I certify that the information provided is true and accurate to the best of my knowledge.

.....

I agree

I understand that this application does not guarantee a volunteer position with TMF.

I agree .....