

Happy Educated Children's Foundation (HECF)

Volunteer Application Form

Thank you for your interest in becoming a volunteer with the Happy Educated Children's Foundation! Please fill out the form below, and we will get in touch with you shortly.
Personal Information: 1. Full Name:
2. Date of Birth:

3.	Gender:
	□ Male
	☐ Female
	☐ Prefer not to say
	□ Other:
4.	Address:
City	y:
Pos	tal Code:
5.	Phone Number:
6.	Email Address:
vaila	bility:
7.	How many hours per week are you available to volunteer?
	☐ Less than 5 hours
	□ 5–10 hours

	□ 10–20 hours
	☐ More than 20 hours
8.	Preferred Days (Please select all that apply):
	□ Monday
	□ Tuesday
	□ Wednesday
	□ Thursday
	□ Friday
	□ Saturday
	□ Sunday
9.	Preferred Time of Day:
	☐ Morning
	☐ Afternoon
	□ Evening
Intere	ests and Skills:
10	. Why do you want to volunteer with HECF?

11. What skills or experience can you bring to HECF?
12. Are you interested in specific areas of work? (Please select all that apply):
☐ Education and Tutoring
☐ Event Planning
☐ Social Media and Communications
☐ Administrative Support
☐ Fundraising
☐ Other:
Emergency Contact:
13. Name of Emergency Contact:
14. Relationship:
15. Phone Number:

Deck	aration:
I cert	ify that the information provided is true and accurate to the best of my knowledge. I
undeı	estand that completing this form does not guarantee volunteer placement and that HECI
reser	ves the right to determine the suitability of applicants.
Signa	ature:
Date	<u> </u>
For (Office Use Only:
Appli	ication Received:
Interv	view Date:
Volu	nteer Start Date: