



Africa Resource Foundation

VOLUNTEER FORM

Yes, I Want to Get Involved

Name: _____	
Address: _____	
City/State/Zip: _____	
County: _____	
Phone: H: _____	W: _____
FAX _____ e-mail: _____	
In the event of an emergency, ARF Administrators should notify:	
Name: _____	Phone (H): _____
Address: _____	(W): _____
If you are under 18, please ask your parent or guardian to sign the consent form below. I, _____, give permission for my daughter/son to offer volunteer assistance to the Africa Resource Foundation.	
_____	_____
(Signature of Parent/Guardian)	(Date)

Please list any physical limitations, allergies, or special needs you have:

Please indicate any special skills you have that could benefit ARF:

Please submit your form by email or return this form to the project coordinator, or mail to Africa Resource Foundation, 892 Berne Street, Atlanta, GA 30316. All applications are considered in the order received without regard to race, religion, national origin, sex, age, physical or emotional disabilities, or any other factor deemed discriminatory under U.S. law. Preferences may be applied to those with special skills or previous experience related to the available projects.

Thank You

Dear Volunteer,

The staff of the Africa Resource Foundation (ARF) would like to thank you for your outstanding contribution to the success. Our volunteers have always been critical to operation of ARF. Many of our clients, customers and recipients, and vendors have expressed their deep appreciation for the thoroughness with which our staff and volunteers responded to their needs.

We gratefully acknowledge your tremendous effort, your patience, and your belief in the mission of the Africa Resource Foundation. We look forward to working with you again in the future.

Sincerely,

Dr. Benson M. Karanja
President