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| Attach copy of recent passport photograph |

Planned Parenthood Federation of Nigeria

VOLUNTEER, NATIONAL EXECUTIVE COMMITTEE

APPLICANT’S DATA FORM

Name (Surname First): .....................................................................................................

Contact Address: .................................................................................................................

……………………………………………………………………………………………………………………………….

E mail Address: ...................................................................................................................

Telephone No: ............................................... Alternative No: …………………..…………….

Occupation/ Profession: .....................................................................................................

Qualifications: ......................................................................................................................

Marital Status: Married/Single......................................... Age: .....................................

Male: Female No. of Children: ......................

Are you currently involved in any PPFN traditional volunteer program? Yes No

Have you led or had experience in?

1. Sexual Reproductive Health & Rights Yes No
2. Governance at the international or national level Yes No
3. Senior executive role in a similar organization Yes No
4. Program delivery or financial control/oversight Yes No
5. Fundraising and resource mobilization Yes No
6. Advocacy and working with government Yes No

Referee/Recommended by: Name: ......................................................................................

Address: ..............................................................................................................................................

Phone & Email: ...................................................................................................................

**Declaration**:

I,..................................................................................... whose personal data are given above, hereby apply for the unremunerated role of Volunteer in the National Executive Committee of the Planned Parenthood Federation of Nigeria (PPFN), and undertake to pursue its aims and objectives.

Applicant’s Signature: ................................................................................ Date: ..............................................................

FOR OFFICIAL USE ONLY

Date of Application: .................................................. PPFN Receipt No: .......................................................

Name & Signature of Chairman, Nomination and Governance Committee:

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