**YOUTH FRIENDLY RESOURCE CENTRE**

**OFFICE OF VICE CHANCELLOR**

**UNIVERSITY OF NIGERIA (UNEC)**

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***CONTACT PERSON***

***Dr. Mrs. IjeomaArodiwe, Director, Youth Friendly Resource Centre, UNEC***

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**VOLUNTEER APPLICATION FORM**

(Please fill out in BLOCK LETTERS)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IDENTIFICATION**(Your official name as it will indicate on the Certificate) | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname First | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |
| Other Names | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |
| **ADDRESS AND GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| Department | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | | |
| Phone Number | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |
| Gender | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |
| Email (If Any) | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |
| LGA/State of Origin | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |
| Occupation (If Any) | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |
| **AREAS OF VOLUNTEERISM (Please do not select more than Two options)** | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Events/Entertainments (Usher/Protocol) | | | | | | | | | | | | | | | | | | | |  | |  | |
| 2 | Community Development Services/Sensitization/Advocacy | | | | | | | | | | | | | | | | | | | |  | |  | |
| 3 | Speaker/Facilitator (Workshop/Conference/Orientation/Seminar/Teaching/ Training) | | | | | | | | | | | | | | | | | | | |  | |  | |
| 4 | Field Enumerators/Proposal/Reporting Writing | | | | | | | | | | | | | | | | | | | |  | |  | |
| 5 | Invention/Innovation | | | | | | | | | | | | | | | | | | | |  | |  | |
| 6 | Social Media Networks | | | | | | | | | | | | | | | | | | | |  | |  | |
| 7 | Administrative/Office Assistance | | | | | | | | | | | | | | | | | | | |  | |  | |
| **CANDIDATE’S CERTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to abide by the volunteer terms and conditions and the code of conduct of YFRC, UNEC. I will contribute positively towards the growth and development of the centre and also participate in their programmes and events.  Candidate Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOR OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Receiver: Signature: Date:**  **Coordinator’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sign:\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | |

***NOTE: Please return the completed Application Form with One Passport Photograph.***