



Konfidence Foundation
Believe In the Future Of Africa!

Christmas Toy Giveaway 2011 Volunteer Application

Date of Application: _____

- Mail your application to:

The Konfidence Foundation
P.O. Box 190022
Atlanta, GA 31119

- Fill out the application in word and email it to volunteer@konfidence.org

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town Postal Code:

Are you a college student? _____ Area of Study: _____

Are you currently employed? _____ Occupation: _____

Home #: _____ Cell #: _____

Email: _____

In preparation for the Thanksgiving Turkey Giveaway, we work between the hours of 10am – 6:30pm,
Monday-Friday.

Number of Hours Available to Volunteer Each Week:

- 1-5
- 5-10
- 10-15

Please list the time frames you are available to volunteer.

○ **Monday:** Start _____ End _____ **Friday** Start _____ End _____
○ **Tuesday** Start _____ End _____ **Saturday** Start _____ End _____
○ **Wednesday** Start _____ End _____ **Sunday** Start _____ End _____
○ **Thursday** Start _____ End _____

List Any Previous or Current Volunteer Experience:

Organization _____ Position/Major Responsibility _____ Dates of service (yy/mm)
From: _____ To: _____



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1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

List Your Employment/Training Background:

<i>Employer</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>
		<i>From: To:</i>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

Why do you want to serve in this position? How do you hope to benefit?

Describe your favorite Volunteer or Work Experience:

List the Qualifications and Skills that you bring to this Position:

Signature of Applicant

Date