



ADOMUHA SAFETY CONSCIOUSNESS FOUNDATION

VOLUNTEER APPLICATION FORM

SAFETY AMBASSADOR

PERSONAL DETAILS:

Name_____

Email_____

Phone Number_____

Address_____

SAFETY AMBASSADOR INTEREST:

1. Why are you interested in being a Safety Ambassador? _____

2. Relevant experience/skills (e.g., first aid, safety organization previously work with)

AVAILABILITY:

1. How many hours per week can you volunteer? _____
2. Preferred areas of involvement (check all that apply):
 - a. Community outreach
 - b. Event planning
 - c. Safety training
 - d. Other (Specify)_____

REFERENCES:

Name: _____

Relationship: _____

Contact info: _____

COMMITMENT:

I am committed to promoting safety awareness and supporting the mission of Adomuha Safety Consciousness Foundation.

Signature: _____

Date: _____