# KICE Volunteer & Membership Form

Kipini Integrated Community Enterprise

Complete this form and return it to info@kice.or.ke or drop it at our Kipini office.

## 1. Personal Details

**Full Name ***

**Date of Birth** | **Gender**

**ID / Passport Number**

**Village / Location**

**Phone Number** | **Email Address**

## 2. Area(s) of Interest

Please tick all that apply:

- ■ Environmental Conservation
- ■ Community Health & Wellness
- ■ Education & Adult Literacy
- ■ Youth Vocational Training
- ■ Fundraising & Partnerships
- ■ General Volunteering

## 3. Skills & Experience

Briefly describe any relevant skills, qualifications, or experience you bring:

## 4. Availability

■ Weekdays ■ Weekends ■ Flexible ■ Short-term only

## 5. Declaration

I confirm that the information provided above is accurate. I understand that KICE may use my details to contact me regarding volunteer opportunities and programme updates.

Signature: _____ Date: _____

Return completed form to: info@kice.or.ke · KICE Office, Kipini, Tana River County · www.kice.or.ke