



Volunteer Agreement

First Name:

Last Name:

Gender:

Date of Birth:

Country:

Current Profession:

Residence:

Box Address:

Telephone Number:

E-mail address:

Fax Number (if applicable):

Emergency Contact Number:

Name of Contact:

Relationship:

AVAILABILITY

Day Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Available Time (AM)

Available Time (PM)

I understand that... ?

- DWIB Leukaemia Trust may ask for my help on a variety of activities related to the fundraising and awareness campaigns
- I will receive a fundraising receipt booklet, promotional materials and general merchandise, and
 - Will be expected to remit a complete receipt to the donor and record donations upon receiving them
 - Will be asked to report and remit funds raised to the DWIB secretariat on a monthly basis and update the secretariat via e-mail on a weekly basis)

***In the event that I do not meet these expectations, I understand that I may be required to hand over all DWIB materials to the DWIB Secretariat

- DWIB reserves the right to verify any and all donations collected by all volunteers.

Website: www.dwib.org

Email: dwib@dwib.org

Ghana

Mailing Address:

P.O. Box 14031, GP, Accra, Ghana.

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Mobile: +233 (0) 244 282 249 or +233 (0) 277 446 573

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United Kingdom

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