



DOMINION LEADERS FOUNDATION

VOLUNTEER REGISTRATION FORM 'D'

Please note, this form is for youth who are interested in sporting career and want to enrol as member of DLF Sporting club

Name: -----

Gender: -----

Date of birth -----

Name of school -----

Name of club if any: -----

Nationality

What is your nationality? -----

Faith/Religion -----

Languages You Speak -----

Current Location:

Where are you currently staying (town/community, constituency, district, region)? -----

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Contact Information:

Address, Email, Phone-----

Preferred Sport(s): 1. Rugby ☐ 2. Basketball ☐ 3. Athletics ☐ others ☐

If others specify-----

Health conditions:

Any specific health conditions? If yes, please provide details -----

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Disabilities:

Do you have any disabilities or medical conditions? If yes, please provide details. -----

Privacy and Consent:

At Dominion Leaders Foundation, we deeply value the trust and support of our members. We understand that the security and confidentiality of your data is of paramount importance. Therefore, we are committed to upholding the highest standards in safeguarding your information.

Emergency Contacts:

Please provide the contact information for a person who can be reached in case of emergencies during your volunteer period with DLF.

Name: ----- Phone: -----

References:

Referee 1

Referee 2

Name ----- Name -----

Relationship to you ----- Relationship to you -----

Email ----- Email -----

Phone ----- Phone -----

Note: upload passport picture