

Volunteer Participation & Consent Form

Form Code: CK-CF-005 | Version: 1.0

A. Volunteer Details

Full Name: _____	Volunteer ID (if assigned): _____
Phone/Email: _____	Area/Programme: _____

B. Volunteer Declaration

I wish to volunteer with CHAD Kenya and confirm that the information I provide is accurate to the best of my knowledge. I agree to comply with CHAD Kenya's Code of Conduct, safeguarding requirements, confidentiality rules, health and safety procedures and other applicable policies.

☐ Volunteering is subject to CHAD Kenya's procedures and does not by itself create an employment relationship.

☐ I will protect confidential information obtained through my volunteer role.

☐ I will report safeguarding, fraud, harassment, safety or other serious concerns through approved reporting channels.

C. Personal Data & Identification

☐ I consent to processing my personal information for volunteer administration, communication, identification, safeguarding, deployment, reporting and other specified organisational purposes.

☐ I consent to use of my photograph on a volunteer ID card and for internal identification.

☐ I understand that public use of my photograph or story should be covered by appropriate media consent.

D. Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Name / Role	Signature / Date
Volunteer: _____	Signature: _____ Date: _____
CHAD Kenya representative: _____	Signature: _____ Date: _____

CHAD Kenya Contact & Data Protection Notice

For questions about this consent or the handling of personal information, contact CHAD Kenya through +254 113 814070 / +254 701 012 690 or www.chadkenya.com. Where consent is the lawful basis for processing, it may be withdrawn subject to applicable legal or contractual requirements.

Use this form together with CHAD Kenya's approved Data Protection and Privacy Policy, Safeguarding Policy and relevant programme procedures. Specialist legal, clinical, research-ethics or safeguarding review should be obtained where applicable.