



NuWay Foundation Volunteer Form

NAME: _____ EMAIL: _____

ADDRESS: _____

PHONE: _____ CELL: _____

Are you currently on our NuWay Partnership E-mail List? YES NO

Have you been to Nigeria or another African country? YES NO

I can volunteer (circle all that apply): Daytime Evening Weekend

VOLUNTEER OPPORTUNITIES (mark all that apply)

___ **I'll do anything, just e-mail me!**

Could include stuffing envelopes, phone calls, Bianu volunteers, etc.

___ **IT:** (Needs vary – *and you don't have to be an IT geek to get involved*).

IT background?: _____

___ **Admin / Project Management:**

___ General Partnership

___ Medical

___ Education

___ Micro Business

___ **Logistics / Dispositions / Supply Procurement:**

___ Trip Logistics

___ Medical

___ Education

___ Micro Business

___ **Marketing / Writing:**

___ General Partnership (Grant writing/research)

___ Fundraising

Experience? _____

___ **Medical** Please *complete the below section*.

What is your medical background, if any? (Includes MD, RN, Pharmacy, Dental, Eyeglasses, Community Health, etc.) _____

If employed in the medical field, who is your employer? _____

Anything else we should know? _____

Mail to NuWay Foundation, 11130 Ashburn Rd, Cincinnati, 45240 or Fax 513.742.9393

Attn: Anna Jones