

Association of Nigerians in the Capital District, New York (ANCD)
P.O. Box 66493
Albany, NY 12206
www.ancd.org

Volunteer Interest Form

(Please complete this form if you are interested in becoming a volunteer for ANCD)

Today's Date: _____ Month/Day of Birth: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Best time to reach you: _____

Email Address: _____

Interests (Please check all that apply)

Fundraising Events

Community Outreach

Cultural Dancing

Other (Please specify)

What experience/talents do you have: _____

Have you ever volunteered before, if so where? _____

Please list three references:

1. Name/Address/Phone: _____

2. Name/Address/Phone: _____

3. Name/Address/Phone: _____

Any other information you would like us to know about you:

Signature: _____

Thank you for your interest in helping us build a stronger community!

ANCD Mission: To promote programs that reflect the aspirations of the Nigerian people with the hope of drawing Nigerians in the Capital District closer to their heritage.