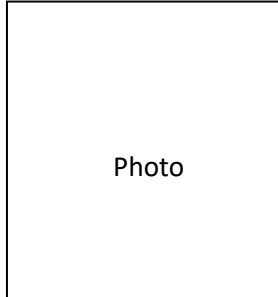




**COHECF-KENYA**

*Christian Community Healthcare Foundation - Kenya*  
*Together We Transform Lives*

**CHRISTIAN COMMUNITY HEALTHCARE FOUNDATION  
(COHECF-KENYA),  
P.O. BOX 2064-30200,  
TEL: +254770540915  
KITALE  
KENYA**



Photo

**COHECF-KENYA Local/Global Ambassador Enrolment Form**

Date: -----

I am interested in associating with your esteemed Non Governmental Organization- COHECF KENYA as per the attached COHECF-KENYA Ambassador Description document.

I wish to be COHECF-KENYA's Local/Global Ambassador in my country/area and support your programme(s) and activities.

It will be my privilege volunteering with your NGO and helping those in need during my spare time for the duration starting on this day of ----- month ----- year-----

Please issue me with the necessary directions in connection with taking up this assignment.

Kindly print, fill in your details, scan and e-mail the completed form to **info@cohecfkenya.org**

Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Gender : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Country : \_\_\_\_\_

Contact Numbers : \_\_\_\_\_ Tel/ Mobile

Email ID : \_\_\_\_\_

Profession (if any) : \_\_\_\_\_

Name of org/Place: \_\_\_\_\_

Interests/ Hobbies : \_\_\_\_\_

What relevant skills and experience do you have for the role of a local/global ambassador?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What areas/field listed are you particularly interested in?

: \_\_\_\_\_

Signature : \_\_\_\_\_

(Please send a recent digital passport size photograph of yourself for office record)

***For Official Use***

Date received: -----

Date approved/ rejected: -----

Reason for approval: -----

-----  
-----

Volunteer number: -----

Seen by: ----- Date: -----

Signature: -----

Official stamp: