



TNYC

TONGA NATIONAL YOUTH CONGRESS
Fakataha'anga Fakafonua 'a e To'utupu 'o Tonga

P.O. Box 2670, Nuku'alofa, Kingdom of Tonga
Telephone: 676(25-474 / 24422) Fax: 676 (25-277) Email: tongayouth@tnyc.to
Website: www.tnyc.to

PATRON - H.R.H. Princess Latufuipeka Tuku'aho

Foomu Kole Ngaue'ofa Faka- Komiuniti He 'Ofisi To'utupu Fakafonua

A. Fakaikiiki ki he tokotaha kole (Personal Detail)

Form with fields: Hingoa Kakato (Full Name), 'Aho Fa'ele'i (DOB), Kolo / Motu (Place), Tangata (male) / Fefine (Female), Tu'unga Taukei (Skills Experience), Fika Telefoni Laine (Home line Phone), Telefoni To'oto'o (mobile phone), Tu'asila 'Imeili: (Email Address), Facebook acc, 'Oku ke kau ki ha Kulupu To'utupu (Do You Belong to any youth groups)

E. Work Area - 'Elia Ngaue

Please Indicate Division you would like to volunteer work for? (Fakaha'i mai 'a e tafa'aki ngaue teke ngaue'ofa ai?)

Admin & Finance, Environment & Disaster, Media & Information, Organic Certification, Youth and Health Awareness, Youth and Business, Other: (Please Indicate)

F. Work Day - 'Aho ngaue

Please Indicate the days you can volunteer

Mon, Tue, Wed, Thru, Fri checkboxes

H. Work Effort - Ivi Ngaue

What would you like to contribute to TNYC? (Ko e ha 'a e fa'ahinga tokoni teke fai ki he TNYC)

- 1.
2.
3.



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## I. Volunteer Experience - Taukei Ngaue Ngaue'ofa

List your past experience volunteer work. *(Lisi mai ho'o ngaagi taukei ngaue'ofa)*

1.

2.

3.

## K. Reference – Fakapapai'i

Please list 2 referee that related to you or known you for more than 5yrs.

Name

Phone #

Position

1.

2.

## F. Fakamo'oni Hingoa 'o e Felotoi (Signature of Agreement)

Fakamo'oni tokotaha ha'ana 'a e Kole \_\_\_\_\_  
*(Applicant signature)*

'Aho Date: \_\_\_\_\_

Fakamo'oni mei he Pule Ngaue: \_\_\_\_\_  
*(Division Manager Signatory)*

'Aho Date: \_\_\_\_\_

### Office use only

**Comments:** - (Division Manager)

**Approve:** Yes / No

Signed of Approval: \_\_\_\_\_

**Position:**  - TNYC – Director

- Executive Board – Chairperson

**Organizational Seal:**