



### VOLUNTEER REGISTRATION FORM

#### PERSONAL DATA

NAME:

ADDRESS:

PHONE NUMBER:

E-MAIL:

I PREFER TO WORK WITH: (TICK WHAT APPLIES)

☐

CHILDREN

☐

ELDERLY

☐

DISABLED

☐

AT RISK TEENS

☐

ALL OF THE ABOVE

☐

OTHER (SPECIFY) \_\_\_\_\_

PLACE A TICK BESIDE THE DAY(S) YOU ARE MORE LIKELY TO BE AVAILABLE:

☐

MONDAY

☐

TUESDAY

☐

WEDNESDAY

☐

THURSDAY

☐

FRIDAY

☐

SATURDAY

☐

SUNDAY

☐

I AM AVAILABLE ON ALL DAYS

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

#### FOR OFFICIAL USE ONLY

DIRECTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_