

Volunteer Registration Form

Name: _____ Date: _____
(day/month/year)

Phone: (H) _____ (0) _____

Address: _____
(Street Name/Box Number, Town/City, Province, Postal Code)

Email: _____

Contact in Emergency: _____ Phone: _____

Skills, Interests, Hobbies:

Education Background:

Current Occupation:

Previous Volunteer Work (volunteer tasks & name of organization):

Is there a particular type of work in which you are interested? (Check all that apply)

- No Preference
- Working directly with people
- Research/technical work
- Teaching or instructional support
- Helping with general administrative duties
- Public speaking, fundraising, etc.

Other: _____

Please indicate the best/most common time of day when you are available to volunteer.

| Week | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------|--------|---------|-----------|----------|--------|----------|
| One | | | | | | |
| Two | | | | | | |
| Three | | | | | | |
| Four | | | | | | |
| Five | | | | | | |