

Volunteer Registration Form

Date :

| | | | |
|-----------------------------------|---|--------|--|
| Name/ Organization | | Title | |
| Address | | | |
| TEL | <input type="checkbox"/> Home <input type="checkbox"/> Workplace <input type="checkbox"/> Mobile | E-mail | |
| FAX | | URL | |
| How would you like to contribute | | | |
| Volunteer your time and skills | <input type="checkbox"/> One-time volunteer <input type="checkbox"/> Regular volunteer <input type="checkbox"/> Weekdays only (please specify particular days) <input type="checkbox"/> Weekends only <input type="checkbox"/> Any day <input type="checkbox"/> Public relations <input type="checkbox"/> Fund raising <input type="checkbox"/> Interpretation/translation <input type="checkbox"/> Coordination <input type="checkbox"/> Event management <input type="checkbox"/> Other (please specify) | | |
| Cash/gift donation | <input type="checkbox"/> Cash <input type="checkbox"/> One-time donor <input type="checkbox"/> Long-term donor (monthly, annual donation) <input type="checkbox"/> Gift (please specify) | | |
| Other | Please specify | | |
| Tell us about yourself | | | |
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