

# VOLUNTEER REGISTRATION FORM

This form is for those who would like to express their interest in volunteering in the Break O'Day Community.

Once you have filled out this form we will let relevant volunteering agencies know about your interest in volunteering.

**NAME:**

**TOWNSHIP:**

**AGE:**

**EMAIL:**

**POSTAL ADDRESS:**

**PHONE:**

Preferred Contact method? (Please circle)      EMAIL      PHONE

HAVE YOU VOLUNTEERED BEFORE? (Please circle)      YES      NO

INTEREST – What sort of volunteering opportunities interest you? Sporting/art and culture/  
Church/ Volunteer Emergency

EXPERIENCE – What skills will you bring?

AVAILABILITY – Are there specific days and times you are available to volunteer?

CHALLAENGES - Will you experience any challenges to volunteering, ie Transport, childcare?