**VOLUNTEER REGISTRATION FORM**

[REGISTRATION CODE]  
[ADDRESS]

Fill out the form given below completely.

**Personal details:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name/Last Name | |  | [First] [Last] | | | |
| Address | | [Street address] | | | |
| City/STATE/Zip | | [City/STATE/Zip] | | | |
| Gender | | [Male/Female/Not specified] | | | |
| Date of Birth | | [DD/MM/YYYY] | | | |
| Email | | [abc@example.com] | | | |
| Contact [Telephone/other] | | [Landline/mobile] | | | |
| Allergies/major illness | | [Allergies] if any | | | |
| Availability period | | [Morning/afternoon/evening/night] | | | |
| Time restriction | | [Flexible] [Day only] [Night only] [Weekend] [Weekdays] | | | |
|  | | | | | | |
| Volunteering services [Choose for you] | | | | | | |
| Fundraising | Gardening | | | Data entry work | School assignment | Dog grooming |
| Dog walking | Massage | | | Grocery purchase | Counselling | Washing car |
| Cleaning home | Cooking food | | | Pet care | Laundry | other |

If applying for particular volunteering service, please mention the details:

|  |
| --- |
|  |

Emergency Contact Information

|  |  |
| --- | --- |
| Relationship -1 | [Contact] |
| Relationship -2 | [Contact] |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Office Use Only | | | | | |
|  | | | | | |
| Form# |  | Accepted |  | Date |  |
| Comment: |  | | | | |

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