

## VOLUNTEER APPLICATION FORM

### General Information

Name :

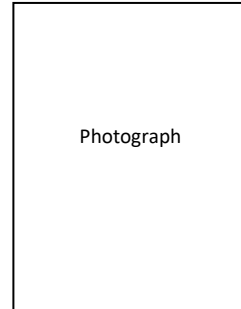
Male  Female

Date of birth :  Nationality

Marital status : Single  Married  Divorced

Occupation :

Special Skills :



### Address

Address:

Mailing :

E-mail :

### Telephone

Home :  Cell :

Work :  Fax :

**Areas of interest:** See last page of document for description of our programmes.

- |                      |                          |                       |                          |                      |                          |
|----------------------|--------------------------|-----------------------|--------------------------|----------------------|--------------------------|
| First Responder      | <input type="checkbox"/> | Water Safety/Swimming | <input type="checkbox"/> | Disaster Management  | <input type="checkbox"/> |
| Fundraising          | <input type="checkbox"/> | Youth Services        | <input type="checkbox"/> | Volunteer Management | <input type="checkbox"/> |
| Administration       | <input type="checkbox"/> | Thrift shop Support   | <input type="checkbox"/> | Governing Board      | <input type="checkbox"/> |
| Psychosocial Support | <input type="checkbox"/> | Public Relations      | <input type="checkbox"/> | Others               | <input type="checkbox"/> |

Please specify:


Do you volunteer with any other organization?      Yes       No

If yes, which organizations?


### Availability

- |           |                          |         |                          |           |                          |         |                          |
|-----------|--------------------------|---------|--------------------------|-----------|--------------------------|---------|--------------------------|
| Monday    | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | Evening | <input type="checkbox"/> |
| Tuesday   | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | Evening | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | Evening | <input type="checkbox"/> |
| Thursday  | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | Evening | <input type="checkbox"/> |
| Friday    | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | Evening | <input type="checkbox"/> |
| Saturday  | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | Evening | <input type="checkbox"/> |
| Sunday    | <input type="checkbox"/> | Morning | <input type="checkbox"/> | Afternoon | <input type="checkbox"/> | Evening | <input type="checkbox"/> |

### References


## Contact person in case of accident

Contact Name :

Relationship :

Home Address :

Telephone numbers in case of emergency:

Home :  Cell :

Work :  Fax :

## Media Release

Please be advised that during your venture as a volunteer here with us at the BVI Red Cross, you may be photographed at various events and functions. With your consent, the photograph may be reproduced and used in the newspaper, brochures, our website, presentations and Social Media platforms such as Facebook and WhatsApp.

Please indicate your preference below.

I **GIVE** you permission for my photograph to be reproduce and release for use in the media.

I **DO NOT GIVE** you permission for my photograph to be reproduce and release for use in the media.

## Agreement

I certify that the above information is true and correct and consent for the Red Cross to record in their data base for reference.

Volunteer's signature:  Date: