

Richmond Centre for Disability

Volunteer Registration Form

The Richmond Centre for Disability recruits volunteers for the provision of services and programs to people with disabilities to achieve higher level of independent living.

Volunteer's Name:			
Home Address:			
Telephone No.:		Cell:	
Email:			
Date of Birth:		Age:	Male □ Female □
Student □	Employed □	Not Employed □	Others □
(For Employed only)	Occupation:		
(For Student Only)	School:		
	Grade:		
Skills:	(computer, drawing, arts & crafts, clerical, fund-raising, writing, program coordinating, experience with people with disabilities or special needs children)		

Interests:			
References:	1) 2) 3)		
procedures of the Ce	ot charge for their efforts. We encourage you to review the policies and entre regarding your volunteer initiatives. If there is problem, please do to the Volunteer Coordinator at RCD.		
Please sign and return this form along with your resume and three contacts for references to RCD.			
I certify the above information to be true and correct and authorize RCD to check the references provided.			
Signature of Voluntee	r: Date:		
(If you are under the age of 19, please be aware that you need to have a Parental Consent Form filled out for each specific volunteer position.)			
For Office Use Only:			
Received By:	Date Approved:		
Details:			