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)

RCD volunteers do not charge for their efforts. We encourage you to review the policies and procedures of the Centre regarding your volunteer initiatives. If there is a problem, please do not hesitate to contact 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 Volunteer: __________________________ 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: __________________________

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