



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 Others

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 children with special needs)

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 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: _____
