



# Volunteer Registration Form

**Community:** \_\_\_\_\_

**District:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Last First M.I.

**Gender**  Male  Female

**Status**  Single  Married  Divorced  Common Law

**Residential Address:** \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
Community District

**Postal Address:** \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
Community District

**Primary Phone #:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Secondary Phone #:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Whatsapp #** \_\_\_\_\_

**National Id Type:** \_\_\_\_\_ **Id No.:** \_\_\_\_\_

Education/Trainings/ Past Voluntary Experience	


What is your area of interest? \_\_\_\_\_

**Next of Kin**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Employment Information**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_  
Working hrs. \_\_\_\_\_ To: \_\_\_\_\_ Days: \_\_\_\_\_  
May we contact your supervisor in case your assistance is required? YES  NO

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Official Use Only**

Date \_\_\_\_\_ Signature \_\_\_\_\_  
*Community Disaster Management Chair*

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_  
*Programme Officer*

Date \_\_\_\_\_ Signature \_\_\_\_\_  
National Disaster Coordinator

Accepted  Rejected