Volunteer Registration Form

We Care Charitable Trust

Personal Information

Full Name: _____

Date of Birth: _____ Gender: [ ] Male [ ] Female [ ] Other

Email Address: _____

Phone Number: _____

Address: _____

_____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Availability

Days available: [ ] Mon [ ] Tue [ ] Wed [ ] Thu [ ] Fri [ ] Sat

Preferred time: [ ] Morning [ ] Afternoon [ ] Evening

Weekly Hours you can commit: _____

Volunteer Interests

[ ] Assisting with Special Needs Children

[ ] Classroom Support [ ] Physiotherapy / Therapy Support

[ ] Event Management [ ] Fundraising

[ ] Social Media / Awareness [ ] Administrative Tasks

[ ] Other (please specify): _____

Skills / Experience

_____

_____

Why do you want to volunteer with us?

_____

Volunteer Registration Form

We Care Charitable Trust

References (Optional)

Name: _____ Contact: _____

Name: _____ Contact: _____

Declaration

[ ] I agree to respect the confidentiality and privacy of all children and staff.

[ ] I understand volunteering is unpaid and subject to approval by the Trust.

[ ] I declare the information provided is accurate to the best of my knowledge.

Signature: _____ Date: _____