

Volunteer Registration Form

First Name*	<input type="text"/>	Last Name*	<input type="text"/>
Email*	<input type="text"/>	Address	<input type="text"/>
City	<input type="text"/>	State*	<input type="text"/>
Zip Code*	<input type="text"/>		
Preferred Contact Number*	<input type="text"/>	Alternative Phone Number	<input type="text"/>

Gender* :

Female Male

1. Please select the age range which applies to you*

14-18 19-24 25-35 36-50 51-65 66-80

2. Please indicate your availability for volunteering*

Weekly Monthly As Needed One Time

3. Please indicate in the relevant boxes in what part of the day you would be available for volunteering.

Day/Times	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
AM(7-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM(12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eve(5-10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you have your own transport?

Yes No



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5. Skills:

5.1 Can you please indicate which of the following activities you would be interested in volunteering for?

- | | |
|--|---|
| <input type="checkbox"/> Teaching/Tutoring | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Event / Project Management |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Computing | <input type="checkbox"/> New letter |
| <input type="checkbox"/> Music | <input type="checkbox"/> Professional Services
(Doctor, Dentist, Physiotherapist,
Lawyer, Personal Trainer, etc.) |
| <input type="checkbox"/> Driving | |
| <input type="checkbox"/> Translator | |

5.2 Other hobbies or skills not yet stated?

5.3 Do you have any specific qualifications or experience which you would like to use as a volunteer (for example bilingual)?





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6. Motivations:

6.1 What motivated you to become a volunteer?

6.2 Why did you choose IDF to volunteer?

7. Medical Conditions Information:

7.1 Do you have, or have you had, any medical, including physical conditions, injury or psychiatric condition which may affect your capacity to carry out the requirements of the volunteer role you are applying for (refer to duties list) or if by carrying out the responsibilities of the role your medical condition or health could be adversely affected?

Yes No

7.2 Are there any further comments you would like to make to support your volunteer application?

I confirm that to the best of my knowledge the information provided in this application form is true and correct

I am interested in hearing about other ways I can help IDF help my community

Signature: _____

Date: _____

