

Volunteer Registration Form

Date :

Name/ Organization		Title	
Address			
TEL	<input type="checkbox"/> Home <input type="checkbox"/> Workplace <input type="checkbox"/> Mobile	E-mail	
FAX		URL	
How would you like to contribute			
Volunteer your time and skills	<input type="checkbox"/> One-time volunteer <input type="checkbox"/> Regular volunteer <input type="checkbox"/> Weekdays only (please specify particular days) <input type="checkbox"/> Weekends only <input type="checkbox"/> Any day <input type="checkbox"/> Public relations <input type="checkbox"/> Fund raising <input type="checkbox"/> Interpretation/translation <input type="checkbox"/> Coordination <input type="checkbox"/> Event management <input type="checkbox"/> Other (please specify)		
Cash/gift donation	<input type="checkbox"/> Cash <input type="checkbox"/> One-time donor <input type="checkbox"/> Long-term donor (monthly, annual donation) <input type="checkbox"/> Gift (please specify)		
Other	Please specify		
Tell us about yourself			