



VOLUNTEERS APPLICATION FORM

NAME

GENDER M/F

DATE OF BIRTH

ADDRESS

EMAIL

HOME PHONE

CELL PHONE

DO YOU POSSESS SPECIAL SKILLS?

WHAT AREAS OF OUR WORK ARE OF SPECIAL INTEREST TO YOU. PLEASE TICK

FIRST AID	YOUTH WORK	DISASTER MANAGEMENT	HEALTH AND SOCIAL CARE	FUNDRAISING	COMMUNICATIONS	VOLUNTEER MANAGEMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ARE YOU NOW A VOLUNTEER WITH ANY OTHER ORGANIZATION: YES

NO

PLEASE NAME THE ORGANIZATION

DO YOU HOLD A VALID MONTSERRAT DRIVER'S LICENSE?

YES

NO



CONTACT
PERSON IN
THE EVENT
OF AN
EMERGENCY

PERSONS NAME _____; RELATIONSHIP _____;
ADDRESS _____;
TELEPHONES _____

ARE YOU WILLING TO CONTRIBUTE YOUR
TIME AND TO SERVE IN AN EMERGENCY OR
DISASTER OPERATION?

YES

NO

HIP FEES:

(PLEASE
CHOOSE YOUR
PREFERRED
OPTION)

ANNUAL FEE IS

LIFETIME FEE IS

CORPORATE

MEMBERSHIP EC\$500

VOLUNTEER ONLY
(NO FEE)

CONFIRMATI
ON

I _____ CONFIRM THAT THE INFORMATION GIVEN HEREIN IS TRUE
AND CORECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE MONTSERAT
RED CROSS TO CONTACT ME AND TO SHARE INFORMATION WITH ME FROM TIME TO
TIME.

SIGNATURE

DATE
