



MONTSERRAT RED CROSS

APPLICATION FORM FOR VOLUNTEERS

Name:

Gender: Male Female

Date of birth:

Address:

Email:

Telephone: Home

Cell

My Skills:

Areas of interest:

First Aid

Disaster Management

Youth Work

Fundraising

Health & Social Care

Other

If other please specify

Do you volunteer with any other organization?

Yes

No

If yes which organization?

Do you hold a valid driver's license? Yes No

Contact person in case of accident

Contact name

Relationship

Home address

Contact numbers: Home Cell

Emergency operations

Are you willing to contribute and serve in an emergency operation? Yes No

Membership options

Annual \$30 EC (*yearly*)

Lifetime \$350 EC (*one off payment*)

Lifetime corporate membership \$500 EC (*for companies only. One off payment*)

- *Please tick here if you wish to be a volunteer only (i.e. no subscription fee). If at any time however you wish to change this option, please visit the office to make changes.*

Agreement

I certify that the above information is true and correct and consent for the Red Cross to record in their data base for reference.

Volunteer's signature:

Date