



VOLUNTEER REGISTRATION FORM

Trans 50 appreciates your willingness to become involved at this Retirement centre. We greatly value our volunteers and will not be able to function optimally without their assistance. Please could you complete this form to enable us to appropriately apply your talents and knowledge to the benefit of our organisation and residents. We need this information to enable us to update our directory and contact you whenever we need your assistance. For more information, please feel free to contact the Lifestyle Consultant at the centre.

PLEASE PRINT CLEARLY IN CAPITALS AND MARK WITH X where applicable.

NAME First name: Surname:

ID NUMBER GENDER: Male Female

ADDRESS

Postal code:

TELEPHONE Home: Work: Cell: Fax:

E-MAIL Emergency Contact number:

MARITAL STATUS RELIGION

AGE GROUP <20 20-29 30-39 40-49 50-59 60-69 70+

PREFERRED LANGUAGE Internal volunteer (Resident) External Volunteer

PHYSICAL LIMITATIONS Please list, if applicable

WHAT ARE YOUR INTERESTS, HOBBIES, SPECIAL SKILLS AND TRAINING THAT MAY RELATE TO OUR CENTRE'S VOLUNTEER NEEDS? (SKILLS AND EXPERIENCE OFFERED)

EMPLOYMENT STATUS Employed Self-employed Unemployed Retired Student

CURRENT/PREVIOUS EMPLOYMENT DETAILS (IF STUDENT, DETAILS OF INSTITUTION, YEAR, COURSE)

WHAT TYPE OF WORK ARE YOU WILLING TO DO? (E.g. Fundraising that benefit our retirement centre, Support with events, general support or programme activity leader for our residents)

WHICH DAYS WOULD YOU BE WILLING TO ASSIST?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday Weekdays Weekends All

TIME OF DAY THAT WOULD BEST SUIT YOU TO ASSIST?

Mornings Afternoons After hours Specify time: Holidays

WHEN DO YOU PLAN TO START VOLUNTEERING?

DO YOU HAVE TRANSPORT TO AND FROM THE VILLAGE? YES NO

WHY DID YOU CHOOSE OUR RETIREMENT VILLAGE TO DO VOLUNTEER WORK?

WHAT IS YOUR MOTIVATION FOR WANTING TO GIVE TIME TO OUR RESIDENTS/VILLAGE?

I the undersigned hereby acknowledge that I will not be personally involved with any of the residents allocated to me.

That is:

- No financial information of resident will be discussed or handled
Relevant information regarding the resident's health status, background and personal information will be treated as confidential
Any uncertainty will be discussed with the staff member in charge.

Potential Volunteer Witness Date