



PO Box 700 • Georgetown, SC 29442 • (843) 240-0534

Volunteer Registration Form

Full Name: _____

Address: _____

City _____ **Zip Code** _____

Telephone:
(H) _____ (W) _____ (M) _____

Sex: Male Female

Email Address: _____ **Fax:** _____

How did you hear about this Service? (Please check one)

- Newspaper TVG website Volunteer Coordinator
 Other

Current Status: (Please tick)

- Employed (full-time)
Employed (part-time)
Student
Retired
Unemployed (less than 12 months)
Unemployed (more than 12 months)
Traveller
Self employed
Home duties

Age Group (Please Check one)

- 17 and under
18-24 years
25-34 years
35-49 years
50-64 years
65+ years

Have you ever worked as a volunteer before? Yes No (If yes, please provide details)

What type of volunteer work are you looking for?

- Administration / Clerical Volunteer Committee
 Fundraising Grant Writing/Administration
 Recreational Activities Literacy/Educational Enrichments
 Educational Travel/Tours Youth Development
 Bereavement Committee Other: _____

Do you want to volunteer:

Long term (more than 6 months) Short term (1-4 months) Special Events Only

What are you hoping to gain through involvement in voluntary work?

Do you have professional qualifications? (If yes, please specify)

Previous work experience (skills, paid or volunteer work)

Do you work for/volunteer with any other organization that may present a conflict with The Village Group. If so, please list below, and in what capacity.

Please list an emergency contact:

Full Name: _____

Address: _____

City _____ **Zip Code** _____

Telephone:

(H) _____ (W) _____ (M) _____

Relationship to Applicant: _____

Availability (please check):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							



Disclaimer and Agreement

By submitting this completed application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. It is the policy of **The Village Group** that any and all staff members serving in a voluntary capacity be held to the same levels of accountability as an independent contractor. It is understood that **The Village Group** is waived from any and all liability claims or harm that could result during your volunteer support with our events. Volunteers agree that if they, at any time, breach the volunteer agreement of **The Village Group**, they will face immediate dismissal.

Thank you for completing this application form and for your interest in volunteering with us.

By signing, I agree to these personal details being submitted to The Village Group.

VOLUNTEER'S SIGNATURE: _____ **DATE:** _____

Thank you for completing this application form and for your interest in volunteering with us.

After completion of this form please return:

By fax to: (843) 546 3734
Email: thevillagegroup@frontier.com

By mail to: **The Village Group**
 PO Box 700
 Georgetown, SC 29442

Privacy Notification

In completing this form you will be prompted to supply information that is personal information in accordance with the Privacy and Personal Information Protection Act 1998, and the Health Records and Information Privacy Act 2002. The supply of this information is voluntary. If you cannot provide, or do not wish to provide the information sought, The Village Group may be unable to process your application.

The Village Group is required under the Act to inform you about how your personal information is being collected and used.

