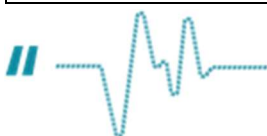


Volunteer Registration Form		
Personal Details		
Title:		
First Name (s):		
Surname:		
ID number:		
Language (s)		
E-mail:		
Address:		
Contact Numbers:	(C)	(W)
Alternative contact number (Next of Kin):		
Volunteering for Tell		
I am interested in volunteering for the following types of activities:		
Hospital visits:		
Events:		
Administrative:		
Fundraising:		
Other:		
What interest, skills and experience could you bring to Tell?		





Please specify if you are:							
On the waiting list		Since:					
Post-Transplant		Date of transplant:					
Other:							
What organ did you receive or are you waiting for:							
Availability							
How regularly do you wish to volunteer?							
Ad Hoc		Monthly		Fortnightly		Weekly	
When will you be available to start volunteering?							
How much time do you have available to volunteer?							
Do you have a valid driver's license?	Yes			No			
If yes, do you have use of a car?	Yes			No			
Status							
In education		Permanently employed		Temporarily employed			
Unemployed		Retired		Stay at Home			
Out of work due to sickness or disability		Other (please specify)					