

# Volunteer Registration Form

May 12th - 13th, 2017

Bermuda Cancer and Health Centre, Charity #070



## Personal Details

Last Name:	First Name:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:	Parish:	Postal Code:	
Work Phone:	Cell Phone:	Email:	
Emergency Contact Person:	Emergency Contact Relationship:	Emergency Contact Phone:	

Please list any health information that we should be aware of in case of emergency (including allergies):

## Volunteer Profile

Age Category: 18-25  25-35  35-50  50-60  60-64  65+

Did you volunteer last year?	If YES, what did you do?	Would you like to do this again?
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If you would like to do something different, please explain in what capacity:

Type of work you can perform: \*Light  \*Moderate  \*Heavy

\*Light Description: Limited to volunteer positions where I am on my feet little to none of the time

\*Moderate: Able to do a moderate amount of physical activity e.g. walking/standing

\*Heavy: This does not mean heavy lifting although it may be required sometimes - agile enough to climb, run and be on feet a lot

## Availability (please tick all that apply)

Pre-Relay: (please state when you are available to help)

Friday, May 12th: 11am-2pm  2-5pm  5-9pm  9pm-12am

Saturday, May 13th (am): 12am-2am  2-4am  4-7am  7-11am

Saturday, May 13th (pm): 11am-2pm  2-5pm  5-8pm

For more information email [relayforlife@chc.bm](mailto:relayforlife@chc.bm) or visit

**BermudaRelay.com**  

