

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?

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 or visit

BermudaRelay.com  

