

VOLUNTEER REGISTRATION FORM



FULL NAME: _____

ADDRESS: _____

POSTCODE: _____ CONTACT NUMBER: _____

EMAIL: _____

Please tick the applicable responses below

AGE: (please note that this is required for insurance purposes. If you are under the age of 18, the ECB will require parent/guardian consent)

Under 18 18-25 26-69 70+

VOLUNTEER TEAM:

VAN SANDWICH TEAM

If required, are you available as a driver? Yes No

If yes, please record you drivers license number and expiry _____

(Please note that you will also need to complete a drivers declaration)

Number of shifts per month _____ Preferred days _____

Please indicate if you have any additional skills that you may be willing to assist with:

Tradesman/Handyman skills Social Media Marketing Fundraising
 Business/Administration Grant Writing Promotions

I wish to be a Financial Member of ECB Inc. (\$10 per year) Yes No

Person/s to contact in case of illness or Emergency:

_____ Phone _____
_____ Phone _____

I am over Eighteen years of age (sandwich volunteers exempt) and have the status of Volunteer when assisting the ECUMENICAL COFFEE BRIGADE INC.

I am aware of, and have received written information about, the risks involved in this work and I agree that the ECUMENICAL COFFEE BRIGADE INC. cannot be held responsible for the conduct or actions of people who make use of the services of the van.

I am aware of the ECUMENICAL COFFEE BRIGADE INC. Privacy Policy and consent to providing my personal information to the ECUMENICAL COFFEE BRIGADE INC. and acknowledge that my personal information will be used in accordance with the Privacy Policy.

PHOTO RELEASE - I hereby grant permission to ECUMENICAL COFFEE BRIGADE INC. to use photos taken of me, in publications, news releases, online and other communications related to the ECUMENICAL COFFEE BRIGADE INC. YES / NO (please circle)

Signed _____ Witnessed _____ Date _____

Parent/Guardian (if applicant is under 18 years of age)

Signed _____ Witnessed _____ Date _____