

Volunteer General Information Form

Hi! Thank you for your interest in volunteering with Reciprocity Rocks!

All volunteer forms are held securely and confidentially. The information you provide will be stored in confidence under the provisions of the Data Protection Act. We will not sell your information.

Personal Details

First Name: _____ Last Name: _____

Postal Address: _____

County: _____

Telephone: (home or mobile) _____

Email: _____

Age: _____

Please list known health/allergy concerns: _____

****If an emergency arises, whom should we contact on your behalf?**

Name: _____ Relationship: _____

Best contact number: _____

Please select preferred days and times you can volunteer (Circle all that apply):

____ Morning (7am - 12pm) Sun Mon Tues Wed Thurs Fri Sat

____ Afternoon (12pm - 5pm) Sun Mon Tues Wed Thurs Fri Sat

____ Evening (5pm - 10pm) Sun Mon Tues Wed Thurs Fri Sat

You are officially a Reciprocity Rockstar! Thanks for joining our community family!