



Jamaica Society for the Blind

Volunteers' Registration Form

Help us in striving for our vision whilst completing our mission. Please complete this volunteer form and touch the life of the blind and visually impaired in Jamaica.

Section 1

Personal Information		
Name: First : initial:	Last:	Middle
Mailing address:		
Parish:		
Contact no:		
Email address:		
Age Group: Under 18 years <input type="checkbox"/> Over 18 years <input type="checkbox"/>		
Please Indicate Purpose for Volunteering :		
○ School Assignment		
○ Probation/ Restitution		
○ Work requirement		
○ Altruism		
○ Other		

Section 2

Skill set	
Do you have a skill/profession? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please state:	
Do you possess any other skills/experience? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please state.	
Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Part time <input type="checkbox"/> Full time <input type="checkbox"/>	

Section 3

STATE IN TERMS OF HOURS AND DAYS WHEN YOU CAN BE AVAILABLE	
Days	Time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Section 4

PLEASE SELECT 1 OR MORE OF THE FOLLOWING AREAS IN WHICH YOU WOULD LIKE TO VOLUNTEER
<input type="radio"/> Read for the blind program
<input type="radio"/> Events planning and execution
<input type="radio"/> Committee (s)
<input type="radio"/> Clerical Office
<input type="radio"/> Rehabilitation/ Mentoring
<input type="radio"/> Other, please specify :

We thank you for the unselfish giving of your time and resources to change the lives of others. You will be contacted regarding the commencement of your volunteer service with the Jamaica Society for the Blind.