

# Volunteer Bahamas Registration Form for Organizations



Name of Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Island: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person for Organization: \_\_\_\_\_

Type of Programme/Services Provided: \_\_\_\_\_

Target Population \_\_\_\_\_

**Type of Volunteers needed:**

(Please check all that apply)

- |   |  |
|---|--|
| <p>1. Mentoring <input type="checkbox"/></p> <p>2. Skills/Training (Technical &amp; Vocational) <input type="checkbox"/></p> <p>3. Tutoring – Adults <input type="checkbox"/><br/>Please specify area(s) _____</p> <p>4. Tutoring – Children <input type="checkbox"/><br/>Please specify area(s) _____</p> <p>5. Visual/Performing Arts <input type="checkbox"/><br/>Please specify area(s) _____</p> | <p>6. Sports <input type="checkbox"/></p> <p>7. Community Service <input type="checkbox"/></p> <p>8. Other (Please specify) <input type="checkbox"/><br/>_____<br/>_____<br/>_____</p> |
|---|--|

**Volunteers Required:**

(Please check all that apply)

<p>___ <b>Daily</b></p> <p>Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/></p>	<p>___ <b>Monthly</b></p> <p>Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/></p>
<p>___ <b>Weekly</b></p> <p>Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/></p>	<p>___ <b>Annually</b></p> <p>Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/></p>

**Number of Volunteers Requested:** \_\_\_\_\_

**Volunteers Job Function:** \_\_\_\_\_

**Special Qualifications Required:** \_\_\_\_\_

**Agreement and Signature:**

By submitting this form, I affirm that the facts set forth in it are true and complete; I understand that if my organization is accepted for volunteers, any false statements, omissions, or other misrepresentations made by me on this form may result in my becoming ineligible to participate in the Volunteer Bahamas Programme.

Name: (printed) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*For further information, please contact the Volunteer Bahamas Desk, at telephone (242) 502-0601 or email us at [Volunteer@bahamas.gov.bs](mailto:Volunteer@bahamas.gov.bs)*