



## VOLUNTEER FORM

**NAME:** \_\_\_\_\_ **SURNAME:** \_\_\_\_\_

**AGE GROUP:** \_\_ 10-20 \_\_ 21-35 \_\_ 36-55 \_\_ 56-65

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ (Cell)  
\_\_\_\_\_  
\_\_\_\_\_ (W)  
\_\_\_\_\_ (H)

**EMAIL:** \_\_\_\_\_

**QUALIFICATIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EXPERIENCE:** \_\_\_\_\_  
(General OR experience \_\_\_\_\_  
with the Deaf) \_\_\_\_\_

**HOBBIES:** \_\_\_\_\_

**AREAS IN WHICH YOU WOULD LIKE TO VOLUNTEER (tick all that apply):**

- Assisting in School Programmes
- General Office Support
- Library/Archiving
- Offering Transportation
- Video Taping
- Hearing Screening
- Mounting Displays
- Conducting Research
- Sign Language Interpreting
- Fundraising
- Supporting Youth Programme
- Conducting Workshops
- Production of IEC Material
- Mentoring/Counselling
- Healthcare Support (nursing skills etc.)

Other \_\_\_\_\_  
\_\_\_\_\_

**TIME AND DAYS AVAILABLE TO VOLUNTEER (tick all that apply):**

- Mornings
- Afternoons
- Weekends
- School Holiday

Other \_\_\_\_\_

\_\_\_\_ Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thur \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun

**HOW DID YOU LEARN ABOUT THE DZT?** \_\_\_\_\_

**PLEASE GIVE THE NAMES AND CONTACT INFORMATION FOR TWO REFERENCES:**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_