



VOLUNTEER REGISTRATION

Volunteers must be above 18 years of age and are required to attend a brief volunteer orientation at CAS prior to commencing Volunteer work. A registration fee of \$5 to cover adiminstrations costs including a volunteer ID card applies. If under 18, you will require parental consent to partake in our Junior Activities. For more information email care.actionsforstrays@gmail.com

Please return completed form to CAS via email or by hand. You will be contacted by our volunteer co-ordinator and duly invited to a brief orientation session. Kindly complete all fields or indicate "NA" for fields that you have nothing to fill.

Full Name : _____ Gender : _____
 IC / Passport No : _____ DOB : _____ Age : _____
 Nationality : _____ Religion : _____ Allergies : _____
 Home Address : _____

Home Telephone : _____ Mobile : _____ Others : _____
 Email Address : _____ * Email is our main method of communication

Are you a member of CAS ? (Please select) If yes, membership number : _____
 Do you have a driving licence ? (Please select) If yes, class of license : _____
 Do you have own a vehicle ? (Please select) If yes, type of vehicle : _____

Areas of Interests (Please indicate the scope of work you would be keen to volunteer in by ticking the appropriate boxes below)

- Administrations Field Work Education Designing Fund Raising Merchandising CIT Communications**
Volunteer Coord Finance Wild Life Rehoming Medical Special Projects Maintenance Gov Liaison

What skills and experience do you have that you think will benefit CAS in furthering its causes ?

Availability (Please indicate the days and time slots you are available by ticking the appropriate boxes below)

Time Slots / Days Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning

Afternoon

Evening

Emergency Contact Person Name : _____ Relationship : _____ Tel : _____

Disclaimer

I understand there may be risks involved and I may get injured (although all necessary care and precautions will be taken) whilst undertaking my volunteer responsibilities for Care & Actions for Strays (CAS) and I will not hold CAS liable for any bodily injuries and / or losses (including percuinary losses) and / or damages to my personal belongings / property in the course of my volunteer work with CAS.

(for e-submission, type name) _____ Day / Month / Year
Signature of Applicant

<u>For Official Use Only</u>		OR Number : _____	Issued By : _____
Date Form Received : _____	Reference No : _____	Volunteer Coord : _____	
Team Assigned : _____	Team Leader : _____	Orientation Date : _____	
Duties Assigned : _____	Date Activated : _____	Volunteer No : _____	