



VOLUNTEER GROUP REGISTRATION FORM



Thank you for expressing an interest in joining our team of volunteers and helping us achieve our mission to eradicate cancer and enhance the quality of life for people living with cancer. Please complete this registration form to help us match your needs with ours.

Name _____ Address _____

D.O.B _____/_____/_____ Email _____ Mobile _____ Home _____

I PREFER TO BE CONTACTED: Email Phone Mail

EMERGENCY CONTACT NAME: _____

RELATIONSHIP TO VOLUNTEER: _____

EMERGENCY CONTACT NUMBER: Home _____ Mobile _____ Work _____

WORK EXPERIENCE: Are you presently employed? Yes No Student Retired

EMPLOYER/SCHOOL NAME: _____

CURRENT POSITION: _____

VOLUNTEER PROGRAM:

Is there a special reason you have chosen to volunteer with the Trinidad and Tobago Cancer Society? (Optional)

VOLUNTEER INFORMATION:

The Trinidad and Tobago Cancer Society has opportunities that are specific to the following attributes:

Yes, I am a Survivor Yes, I am a Caregiver

Which Trinidad and Tobago Cancer Society assignment(s) interest you:

Fundraising / Monthly Campaigns

Volunteering at Fundraiser Events or on a Committee or on Event Day

Helping Out at the TTCS Office (Administration, Reception, Data Entry, Etc.)

Promoting Healthy Living (Education and Awareness)

Providing Direct Support to those Living with Cancer (Transportation, Peer Support for Survivors/Caregivers)

Being a Leader in Your Local Community (Leading other Volunteers, Sharing Your Professional Skills)

Helping Out but I'm not sure which opportunity is right for me



VOLUNTEER GROUP REGISTRATION FORM



OTHER TTCS INFORMATION:

Would you like to receive the monthly Volunteer Update (information on volunteer events & opportunities in your area)

By Email No.

VOLUNTEER WAIVER FORM:

This agreement forms part of our Volunteer Application Form. Before you start volunteering, the Trinidad and Tobago Cancer Society requires your agreement on the following:

- **I WILL ABSTAIN** from smoking or using tobacco while volunteering and I recognize that all Trinidad and Tobago Cancer Society events and services are smoke and tobacco free.
- **I WILL ABSTAIN** from any use of alcohol or drugs while volunteering for the Trinidad and Tobago Cancer Society.
- **I GRANT PERMISSION** to the Trinidad and Tobago Cancer Society to use my name, any photo or video images of me and any comments made by me in writing or otherwise, for promotional purposes in any form of media (i.e. TV, radio, web or print).
- **I UNDERSTAND THAT CONFIDENTIALITY** is fundamental to all programs of the Trinidad and Tobago Cancer Society and I will be sensitive to the need for confidentiality. By signing below, I am indicating that I will not use or disclose in any manner to any third party any information without the prior express written consent of the Trinidad and Tobago Cancer Society.
- **I UNDERSTAND THAT I CANNOT** give medical advice (which includes comments and suggestions that personalize medical information and influence treatment decisions). If someone is seeking information, I will direct him or her to a Trinidad and Tobago Cancer Society employee or the toll-free Cancer Information Service at **1 868 800 8827**.
- **I UNDERSTAND THAT I AM REPRESENTING** the Trinidad and Tobago Cancer Society during my time volunteering and I agree to act in a professional manner at all times.
- **I HEREBY RELEASE AND DISCHARGE** the Trinidad and Tobago Cancer Society, its agents, employees and licensees from any claim or action that I may have with respect to the use of any of the above or my participation in any related Trinidad and Tobago Cancer Society activities, while volunteering for the Trinidad and Tobago Cancer Society. By accepting below, I acknowledge that the information provided is true and accurate and that I have read, understood, and will abide by the Volunteer Agreement above.

(Volunteer Name)

(Volunteer Signature)

____/____/_____
(Date)