

# itHelp Make A Difference



## Volunteer Registration Form

**Join our team! We are always looking for more people to help in our work. We will keep your details on file and inform you of events and opportunities.**

PERSONAL DETAILS		
Last Name	First Name(s)	Title
Address		
	City	
Postcode	Email	
Telephone (day)		Telephone (mobile)
Date of Birth		Gender M / F
What is your current employment status? <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Other _____ Last/current Employment _____		

WHAT IS YOUR AVAILABILITY LIKE?	
<input type="checkbox"/> Weekday <input type="checkbox"/> Weekend <input type="checkbox"/> Regular (every week) <input type="checkbox"/> Casual (as needed)	
Do you have any specific days you can work? If so which ones?	
Do you have a full Driving Licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have your own transport? <input type="checkbox"/> Yes <input type="checkbox"/> No

SKILLS AND EXPERIENCE	
<input type="checkbox"/> Accountancy / bookkeeping <input type="checkbox"/> Business Skills <input type="checkbox"/> Building/Carpentry/DIY <input type="checkbox"/> Databases / Spreadsheets <input type="checkbox"/> Entertainment <input type="checkbox"/> Events Management <input type="checkbox"/> Fundraising <input type="checkbox"/> IT Skills <input type="checkbox"/> Illustrations / Graphic design <input type="checkbox"/> Legal Work	<input type="checkbox"/> Marketing, PR & Media <input type="checkbox"/> Office Skills <input type="checkbox"/> Photography / Filming <input type="checkbox"/> Project Management <input type="checkbox"/> Research <input type="checkbox"/> Sales / Customer Service <input type="checkbox"/> Teaching / Education / Training <input type="checkbox"/> Working with children and young people <input type="checkbox"/> Writing / Editing <input type="checkbox"/> Medical / Nursing
Please tell us about any other skills, experiences, qualifications or training that you have gained which you feel may be relevant	

WHAT SPECIFIC ROLES ARE YOU INTERESTED IN?	
<b>Administration</b> <input type="checkbox"/> General administration <input type="checkbox"/> IT/database work <input type="checkbox"/> Donations processing <input type="checkbox"/> Telephone appeals, donation helpline	<b>Communications &amp; Public Relations</b> <input type="checkbox"/> Photography <input type="checkbox"/> Helping at PR events <input type="checkbox"/> Press Monitor <input type="checkbox"/> Writing articles <input type="checkbox"/> Website monitor
<b>Fundraising &amp; Events</b> <input type="checkbox"/> Stewarding at events <input type="checkbox"/> Street Collections <input type="checkbox"/> Organising fundraising events <input type="checkbox"/> Stalls at events <input type="checkbox"/> Children's activities <input type="checkbox"/> Leafleting <input type="checkbox"/> Fundraising challenges	<b>Speakers</b> <input type="checkbox"/> Becoming an IH Schools speaker <input type="checkbox"/> Becoming a IH speaker (general)  <input type="checkbox"/> <b>Other (please specify)</b>
<b>International Volunteering</b> <input type="checkbox"/>	

ANY OTHER INFORMATION?
Please use this section to provide any further information on the type of volunteer work you are looking for

HOW DID YOU HEAR ABOUT VOLUNTEERING WITH ISLAMIC HELP?
<input type="checkbox"/> Facebook <input type="checkbox"/> Website <input type="checkbox"/> Volunteer leaflet <input type="checkbox"/> Word of mouth <input type="checkbox"/> Friend <input type="checkbox"/> Voluntary Organisation <input type="checkbox"/> Email <input type="checkbox"/> School/College/University <input type="checkbox"/> Other: _____

DECLARATION
Thank you for your registration form. We look forward to working with you and hearing about your contribution  <b>Signature</b> _____  <b>Parental Consent</b> (Under 16's only) _____  Your details will be kept on the Islamic Help database and processed in accordance with the Data Protection Act 1998. The information you provide will not be shared with any third party and will only be used for purposes relating to Islamic Help.
<b>Please return this form to:</b> Islamichelp Tanzania - P.O Box 38005 Mikocheni B Kambarage street , Dar es salaam. <b>email</b> : info@islamichelp.co.tz

OFFICE USE
<b>Name</b> _____ <b>Department</b> _____ <b>Date of meeting</b> _____