



# SOS Children's Villages Mauritius

## Volunteer Registration Form

Family Name, First Name		
Maiden Name		
Sex	<input type="checkbox"/> male	<input type="checkbox"/> female
Date of Birth		
Nationality	<input type="checkbox"/> Mauritian	<input type="checkbox"/> Non-Mauritian
National Identity Card No. (please annex copy)		
Country of Birth		
Address		
Contact	Residence Tel.:  Mobile Tel.:  E-Mail:	
<b>CURRENT JOB</b>		
Current Main Job	Employed as:  By:  Since (DD/MM/YY):	

Head Office  
 3, G. Ythier Street  
 Mare Gravier  
 P.O. Box 141  
 Rose Hill  
 Mauritius

T +230 455 0295  
 F +230 455 0968  
 Fundraising Department  
 T/F + 230 455 0821  
 soschild@soscvmauritius.org

www.soscvmauritius.org  
 BRN F10000023

## Volunteer Registration Form

### EXPERIENCE AS A VOLUNTEER

Any past experience as a volunteer?

Yes

No

<b>From</b> (DD/MM/YY)	<b>To</b> (DD/MM/YY)	<b>Name of Organisation/ Location</b>

## Volunteer Registration Form

<b>TYPE OF SUPPORT YOU CAN GIVE</b>
<b>Field:</b> Educational <input type="checkbox"/> Recreational <input type="checkbox"/> Sports <input type="checkbox"/> Maintenance <input type="checkbox"/> IT <input type="checkbox"/> Fundraising <input type="checkbox"/> Psychology <input type="checkbox"/> Social work <input type="checkbox"/> Other .....
<b>Description of actions:</b> ..... ..... ..... .....
<b>Frequency of assistance: (No. of days and No. of hours per day):</b> ..... ..... ..... .....
<b>Qualification related to the support you want to give:</b> ..... ..... .....
<b>Other details</b> ..... ..... ..... .....

## Volunteer Registration Form

With your signature, you are confirming that the information you have provided is complete and truthful. You also agree that your personal details may be computerised and communicated to third parties strictly for the purpose of the application in observance of laws.

.....

**Name**

.....

**Signature**

.....

**Date**