# Volunteer Registration Form

<table>
<thead>
<tr>
<th>Family Name, First Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Maiden Name</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>☐ male ☐ female</td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Nationality</td>
<td>☐ Mauritian ☐ Non-Mauritian</td>
</tr>
<tr>
<td>National Identity Card No.</td>
<td>(please annex copy)</td>
</tr>
<tr>
<td>Country of Birth</td>
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<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Contact</td>
<td>Residence Tel.:</td>
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<tr>
<td></td>
<td>Mobile Tel.:</td>
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<tr>
<td></td>
<td>E-Mail:</td>
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**CURRENT JOB**

<table>
<thead>
<tr>
<th>Current Main Job</th>
<th>Employed as:</th>
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<tbody>
<tr>
<td></td>
<td>By:</td>
</tr>
<tr>
<td></td>
<td>Since (DD/MM/YY):</td>
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SOS Children’s Villages Mauritius

**Head Office**

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Mare Gravier
P.O. Box 141
Rose Hill
Mauritius

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Fundraising Department
T/F: +230 455 0821

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soschild@soscvmauritius.org
BRN F10000003

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A loving home for every child
EXPERIENCE AS A VOLUNTEER

Any past experience as a volunteer?

☐ Yes       ☐ No

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Name of Organisation/ Location</th>
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<tbody>
<tr>
<td>(DD/MM/YY)</td>
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</tbody>
</table>
### Volunteer Registration Form

**TYPE OF SUPPORT YOU CAN GIVE**

**Field:**
- Educational □
- Recreational □
- Sports □
- Maintenance □
- IT □
- Fundraising □
- Psychology □
- Social work □
- Other .........................................................

**Description of actions:**

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**Frequency of assistance: (No. of days and No. of hours per day):**

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**Qualification related to the support you want to give:**

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**Other details**

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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