



BRINGING BOOKS TO CHILDREN



Volunteer Registration Form

Date: _____

Name: _____ Gender: _____

Age: 1-10 11-20 21-60 61 or above Ethnicity: _____

Address: _____

Phone 1: _____ Phone 2: _____

Email: _____

Contact in Emergency: _____ Phone: _____

Background:

Education: _____

Current Employer / School: _____

Skills / Interest: _____

Primary Language: _____

How did you find out about BMABHK? _____

Availability:

When are you available? (Please indicate the time)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From							
To							

Volunteer Signature

Please return the original form to BMABHK. Thank you.