

TRINIDAD & TOBAGO BLIND WELFARE ASSOCIATION

Founded May 18, 1914



VOLUNTEER APPLICATION FORM

1. Personal Information

Name: _____

Address: _____

Email Address: _____

Sex: Male Female

Age: _____

Tel. No.: _____ Cell #: _____

2. Contact Preference? Phone Email

3. Kindly indicate your Volunteer Interests:

- Teaching Assistant Driving Shopping
Independent Living Skills Travel Reading
Vision Screening
Converting Printed Documents to accessible format
Blood Glucose /Cholesterol /Blood Pressure Testing /Other

4. What are your available times? (Please tick one or more of the following)

Morning Afternoon

Weekdays Weekends

5. Do you have any restrictions or special requests?

6. Which orientation session can you attend? (Orientation 75 Minutes in Length)

Weekday 10:00 AM Weekday 02:00 PM Saturday 10:00 AM

7. Reference:

Signature: _____

Date: _____

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