



# Volunteer Registration Form 1

Date approved: \_\_\_\_\_

The Tetra Society America recruits skilled volunteers to create assistive devices for persons with disabilities so that greater independence can be achieved.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Technical Skills

Please tick the areas in which you have ability and/or access to equipment.

	Skills	Access to Equipment
Computer	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>
Machinist	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>
Metal	<input type="checkbox"/>	<input type="checkbox"/>
Plastics	<input type="checkbox"/>	<input type="checkbox"/>
Woodworking	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	
	_____	
	_____	

## Non-Technical Skills

Please tick those areas in which you would like to assist.

Assistive Device Product Consultant	<input type="checkbox"/>	NPO Administration	<input type="checkbox"/>
Clerical	<input type="checkbox"/>	Photography	<input type="checkbox"/>
Desk Top Publishing	<input type="checkbox"/>	Program Coordinating	<input type="checkbox"/>
Events Coordinating	<input type="checkbox"/>	Volunteer Recruitment	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	Word Processing	<input type="checkbox"/>
Health Professional	<input type="checkbox"/>	Writing	<input type="checkbox"/>
Legal/Financial	<input type="checkbox"/>		

Networking with: Client Community  Health Community  Technical Community

Other: Specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Volunteer Registration Form 2

Tetra may from time to time arrange for insurance to protect you against certain possible claims arising from your participation in its projects and services. However, we strongly urge you to ensure that you have whatever additional insurance may be necessary to cover you against all possible claims. In particular, but without limiting the generality of the foregoing, if you will be using a vehicle as part of your participation we urge you to ensure that you have appropriate insurance coverage and ask that you provide us with the following information for our records:

### Vehicle Insurance Information

Name Of Insurance Carrier: \_\_\_\_\_

Amount Of Liability Insurance: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Where did you hear about TETRA? Please check one and specify in space provided.

- Health Professional
- Disability Organization
- Media

- Family/Friend
- Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a criminal offence? If yes, please provide details. YES  NO

\_\_\_\_\_

Tetra volunteers do not charge for their efforts; however, out-of-pocket expenses will be covered by the client through your local TETRA Chapter Coordinator. We encourage you feedback on how TETRA is working. Please forward your comments to the Chapter Coordinator.

We reserve the right to use your device and any photographs of your device to promote or fund raise for Tetra. Can we use photographs of you for these purposes?

Yes  No

Please sign and return this form along with your resume and three references, to you local Chapter contact (or Main office if no local contact available):

I certify the above information to be true and correct and authorize Tetra to check police records and references provided.

Signature of Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

