



Volunteer Registration Form

Kindly complete and submit via email to jatci@outlook.com or you may complete this form online at <https://www.jatci.org/volunteer>

Name (First)	(Last)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth(dd/mm/yy)
Telephone	
Email	
Address	
Company	#of years at current position _____
Job Title	
Do you have previous experience with the Junior Achievement Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, in what capacity?	
Skill sets or Areas of Interests:	
Select one (1) age group <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grades 1-6 <input type="checkbox"/> Forms 1-3 <input type="checkbox"/> Forms 3-5 <input type="checkbox"/> College	
What is the best time of day? <input type="checkbox"/> Morning 6am -10am <input type="checkbox"/> Afternoon 10am - 2pm <input type="checkbox"/> Evening 2pm - 6pm	
How many hours are you able to dedicate to volunteering weekly? <input type="checkbox"/> less than 3hrs <input type="checkbox"/> 3-5 hrs <input type="checkbox"/> 5-10 hrs <input type="checkbox"/> 10-15 hrs <input type="checkbox"/> 15-20 hours <input type="checkbox"/> 20 +	
Do you have any experience in volunteer work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In what capacity?	
Additional comments	

This form must be submitted along with a picture ID