



REGISTRATION FORM

DATE	
SURNAME	
NAMES	
POSTAL ADDRESS	
RESIDENTIAL ADDRESS	
YOUR BIRTHDAY	
CELL NO	
HOME NO	
WORK NO	
EMAIL ADDRESS	
LANGUAGES	
WHEN ARE YOU MOSTLY AVAILABLE	
WHICH CHURCH DO YOU BELONG TO, IF ANY	
WHERE DID YOU HEAR ABOUT US	
DO YOU DO ANY CRAFTS, ANY TALENTS YOU CAN SHARE WITH US I.E MUSIC, BAKING, SCRAPBOOK	
DO YOU MIND VISITING SICK PEOPLE I.E. CANCER	
DO YOU MIND TRANSPORTING PEOPLE IN YOUR OWN CAR	
DO YOU MIND VISITING SOMEONE OUT ON A PLOT	
WOULD YOU BE WILLING TO SERVE ON OUR COMMITTEE – IF THE NEED ARISES ? and in what area (Treasurer, Secretary, Fund raiser, Co-ordinator)	
DO YOU BELONG TO ANY OTHER VOLUNTEER PROGRAMME? If yes, add details	
Please add any more info you think we should know about	

Kindly complete and fax to 086 512 2166 or email to info@guardianangels.co.za. This will be forwarded on to the closest branch to you. Please check with us that we got your form.