



VOLUNTEER SKILL REGISTRATION FORM

RARE LOVE EMPOWERMENT FOUNDATION

(attach passport with white background)

SECTION A: PERSONAL INFORMATION

Full Name: _____

Date of Birth(Optional): _____ Gender: _____

Residential Address: _____

Phone Number (WhatsApp): _____

2nd Phone Number:): _____

Active Email Address: _____

SECTION B: PROFESSIONAL BACKGROUND

Profession: _____

Current Organization/Place of work: _____

Years of Experience: _____

Professional License Number (For Medical/Legal): _____

SECTION C: PROFESSIONAL BACKGROUND

Skills & Specializations

Please check the areas where you would like to volunteer your skills:

Medical Services:

General Consultation

Nursing

Pharmacy / Dispensing

Laboratory Services

Eye Care / Optometry

✓ **Administrative & Technical:**

Data Analysis / Record Keeping

Photography / Videography

Graphic Design

Social Media

✓ **Other Skills:** _____(State here)

SECTION D: AVAILABILITY

✓ **How often can you volunteer?**

Once a month

Once a quarter (every 3 months)

Only for specific major outreaches

✓ **Preferred days for volunteering:**

Weekdays

Saturdays

Sundays

RLEF

SECTION E: EMERGENCY CONTACT

Next of Kin Name: _____

Relationship: _____ Phone: _____

Declaration & Consent

I, _____, hereby volunteer my services to [Foundation Name] out of my own free will. I understand that this is a voluntary role and does not constitute a paid employment contract.

Signature: _____ Date: _____

OFFICIAL USE ONLY

Date of Admission: _____ Assigned Volunteer ID No: _____

Authorized Signatory (Secretary/CEO): _____