

VOLUNTEER REGISTRATION FORM (VRF)

A separate list of all non-registered volunteers who periodically assist the Association must be maintained by the Association.

ASSOCIATION: _____ REGISTRAR’S SIGNATURE: _____ DATE: _____

NAME: (Surname, given name)	ADDRESS:	TOWN/ CITY:	POSTAL CODE:	TELEPHONE:

Do not copy this list to the O.R.A. Office.