



# Volunteer Application Form

Care and support for people affected by life limiting illness  
 Cuidados e apoio para pessoas afetadas por doenças terminais

Welcome!

Firstly, **thank you** for choosing to dedicate some of your valuable time to volunteer with Madrugada. As a volunteer, you make it possible for us to fulfil our mission in helping the community of the Algarve.

A little about the information you are about to disclose to us on this form.

- What you tell us here will only be used by us for our records and to contact you in the event of an emergency here at Madrugada. We will not share your information with any other person unless legally obliged or requested to do so. The only time we may have to disclose it is to the person you list as an emergency contact, so please advise them that their details have been included here.
- Should any of your circumstances or information change, please let us know. If you are still with us after a few years, we will contact you to see if the information we have is still valid.
- At any time, you can ask us to have a look at what data we have stored for you. Likewise, we will delete, in full, all your information if you ask us to, or if you no longer work for us, other than the details we are obliged to keep by law.
- We publish a Newsletter for our members and volunteers. Please select yes on the form if you would like to receive our Newsletter.

Personal Details			
Mr/Mrs/Other:	Name:	Last Name:	
Postal Code:	City:		
Contact Number:	Email Address:		
Birthday (optional): <input type="checkbox"/> Month <input type="checkbox"/> Day	Age: tick appropriate <input type="checkbox"/> 18-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> 51-70 <input type="checkbox"/> 71+		
Languages Spoken: <input type="checkbox"/> Portuguese <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Dutch <input type="checkbox"/> Other please specify:	<small>tick appropriate</small>		
Drivers License: <input type="checkbox"/> Yes <input type="checkbox"/> No	<small>Tick appropriate</small> We will need a copy of your license if you drive a Madrugada vehicle		
Do you have any health conditions that we need to know about? <small>(all information will remain private &amp; confidential)</small>		If yes, please describe/list?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Contact in case of Emergency: <small>(Do not forget to notify the person you have listed as an emergency contact)</small>	Name:	Contact:	
	Relationship:	<small>(It is important for us to know who we are calling in the event of an emergency)</small>	
Would you like to receive our quarterly newsletter?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide email address if different from above.			



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## Volunteering for Madrugada

How did you hear about volunteering for Madrugada?

Why would you like to be a volunteer ?

Which of the following volunteering opportunities are of interest to you:

- Collection and deliveries of donations (will require some lifting)
- Help out with our fundraising activities and social events
- Work in one of our shops, please select location below:
- Lagos Home Store     Luz Encore     Lagoa Home Store     Ferreiras

Please indicate the weekly shifts you can commit to using the below grid and the date you can start or started with Madrugada:

	Morning (10am to 1pm)	Afternoon (10am to 1pm)	All day
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Signature:

Date:

Once you have completed the Application Form, you can hand it in at one of the stores or at the Support Centre, or you can email a copy to the email address below:

[office@madrugada-portugal.com](mailto:office@madrugada-portugal.com)

Thank you again for volunteering with Madrugada.

Because you care, we can!