

Madrugada Volunteer Application Form



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 under the Section 7 of the Application Form if you would like to receive our Newsletter.
- Please contact us if you are unsure of any of the information requested on the Application Form.

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:

admin@madrugada-portugal.com

Madrugada Volunteer Application Form



1. Name and personal details

(Mr /Mrs /Other)

First Name: _____ Last Name: _____

Address: _____

Postal Code and City: _____

Contact Number: _____

Email address: _____

Birthday - month (MM) and day (DD) only (optional): Month _____ Day _____

Age Range (please circle):

18 - 30

31 – 50

51 – 70

71+

Languages Spoken - please circle and/or list if others apply:

Portuguese

English

German

Dutch

Others – please list: _____

2. Do you hold a current driving license? Yes / No

(We will need a copy of your license if you drive a Madrugada vehicle)

3. Do you have any health conditions that we need to know about? Yes / No

If yes, please describe / list below *(all information will remain private & confidential)*:

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4. Please provide a contact in case of an emergency.

Name: _____ Contact no: _____

Relationship: _____

*** Please note we need to know who we are calling in the event of an emergency.

IMPORTANT: Do not forget to notify the person you have listed as your emergency contact

5. 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 shop(s) – please select location below:

() Lagos Home Store

() Luz Encore

() Lagoa Home Store

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6. Please indicate the weekly shifts that you can commit to using the below grid and the date you can start with Madrugada: _____

	Morning (10am to 1pm)	Afternoon (1pm to 4pm)	All day
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

*** Note: The Lagoa shop hours Mon – Fri are from 10 am to 5pm and the shifts are 10 am to 1:30 pm and 1:30 to 5 pm

7. Are you interested in receiving our quarterly newsletter? Yes / No

If yes, please provide email address below *if different* than one provided under Section 1:

Email address: _____

8. Signature _____

Date _____

Thank you again for volunteering with Madrugada.
Because you care, we can!