Volunteer and community partner registration

Coordinate outreach; volunteers do not receive access to private responses.

REVIEW COPY. Do not collect responses until this form and its privacy notice are approved.

Digital questionnaire https://findank.co.za/cannabis-reform/forms/volunteer English - adults 18+ only

Instructions: tick one listed answer per choice question. Questions marked * are required. Leave optional questions blank if you prefer. Use general terms and do not identify other people. Participation cannot guarantee regulatory change.

Privacy review notice: participation is voluntary and adult-only (18+). Answers are for restricted campaign evidence review and de-identified reporting. Do not include identity numbers, exact addresses, diagnoses, criminal admissions or names of third parties. Expert/volunteer contact details serve only the stated purpose. Draft retention proposal: 180 days after entry; the approved notice must confirm the responsible party, privacy contact, storage, transfers, rights and backup deletion before collection. Keep the response reference and private receipt supplied after secure entry to access or withdraw your response. Petition and email consent are separate.

Optional anonymous paper response code (64 characters; assigned by authorised administrator before entry):

1. Province *

[ ] Eastern Cape

[ ] Free State

[ ] Gauteng

[ ] KwaZulu-Natal

[ ] Limpopo

[ ] Mpumalanga

[ ] Northern Cape

[ ] North West

[ ] Western Cape

2. Age bracket *

[ ] 18-24

[ ] 25-34

[ ] 35-44

[ ] 45-54

[ ] 55-64

[ ] 65+

[ ] Adult; prefer not to specify

3. Name *

4. Email for coordination *

5. Organisation or business (optional) (optional)

6. Preferred involvement *

[ ] Distribute forms

[ ] Information sessions

[ ] Accessibility support

[ ] Translation review

[ ] Research support

[ ] Community partnership

[ ] Other

7. Availability *

8. Accessibility or language support you can offer (optional)

9. Willing to distribute paper forms? *

[ ] Yes

[ ] No

[ ] Unsure

[ ] Prefer not to say

10. Willing to assist information sessions? *

[ ] Yes

[ ] No

[ ] Unsure

[ ] Prefer not to say

11. May we contact you about participation? *

[ ] Yes

[ ] No

Consent - read before submitting

I am 18 or older. I have read the purpose and privacy notice. I voluntarily agree to the processing of this response for this initiative, including restricted review and de-identified reporting. This is not agreement to a petition or marketing.

[ ] I agree to the statement above. [ ] I do not agree (do not enter this form).

Consent mark (no printed name required): _____ Date: _____

Administrator-only: confirm approved version, signed/marked consent and paper code. Store securely; do not photograph or upload this paper to public storage. Record secure entry and confidential receipt handover.