

Volunteer Application / Information Form

Personal Information:

Name:	Phone Number:
Email Address:	
Address:	
Postal Address:	
Can we send you our monthly new	vsletter via email? Yes
Have you ever been convicted of a	a crime? Yes No
If yes, Explain:	
Please note, if you are volunteering	ng at the house or with the children, we will require a so 2 certified copies of your ID to check your name against
Do you have any medical condition	ns we should be aware of? Yes
If yes, please provide details?	
,	
Please provide a character referen	nce (e.g. Pastor, teacher, friend, work colleague)
Reference's Information:	
Name:	Relation to this person:
Mobile Number:	
Home Number:	Length of Relationship:
Do you have any training in First A	Aid? Yes o
How did you hear about our organ	nization?

Volunteering: We are so grateful that you are prepared to give of your time and help our organisation. Please fill in the information below so that we have a better understanding of which area you would like to get involved in, when and how much time you can give.

How regularly would you like to volunteer?

Weekly Monthly	Adhoc	
How many hours per sess	sion would you like to vol	Junteer?
Which day of the week ar	nd time would you like to	o volunteer?
In which area would you document with details		e refer to our volunteer opportunities ilable in each area.
Children		
Mothers in crisis		
Charity shop		
Office & admin		
Fundraising & events		
House maintenance		
Specialist skill e.g. accountant, lawyer, plumber etc.		
volunteer for?	overview of your experie	ence in this area or why you are
(please go onto back of p	page if necessary)	
capacity for volunteers	s in your area of intere e at that time. Please	ur support. We may not always have est, but please stay in regular contact also provide feedback on how you
 Date	 Signature	