

**VOLUNTEER APPLICATION**

**ADMFRM**

Date:.....

Name:.....

Address:.....

Date of Birth: .....

Phone: (H) .....(BH).....

Email: .....Mobile.....

Previous Work  
Experience:.....

Previous Training or  
Qualifications.....

Skills:.....

Interests:.....

Languages:.....

Have you done volunteer work before: YES / NO

What kind of  
work?.....

What type of volunteer work are you looking for? *(please tick box/s below)*

- Admin     Childcare     ESL     Literacy     Computers
- Sport     Art/Craft     Well-being     Welfare
- Others *(please specify)*.....

Do you have any other skills or information you would like to add?  
.....  
.....

When would you be able to start your volunteer work?  
.....

- Monday am  pm     Tuesday am  pm     Wednesday am  pm
- Thursday am  pm     Friday am  pm

Cheltenham Community Centre Inc

Person to contact in case of emergency:

Name:.....

Address:.....

.....

Phone: (H) .....(BH).....

Are you currently taking medication of which we should be aware. If so, please give relevant information.

.....

Do you have any medical condition which could restrict you? If so, please give more information.

.....

Referee

Name:.....

Phone: (H).....(BH).....

Volunteer

Signature:.....

\* \* \* \* \*

**Office Use Only**

**Volunteer Summary**

Date of Interview:.....Interviewed by.....

Information on Volunteer checked? YES / NO

Interview

comments:.....

.....

Volunteer Preferences:

1. .... 2. .... 3.....

Volunteer Initial Placement:

1. .... Date:

2. .... Date:

3. .... Date:

Training Courses:

1..... 2. .... 3. ....