

Volunteering Application Form  
VOLUNTEER ROLE APPLIED FOR:

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NAME:

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ADDRESS:  
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TELEPHONE NUMBER: .....

MOBILE NUMBER: .....

EMAIL: .....

1. Why do you want to volunteer with EAWA?

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2. What would you like to gain from the Volunteering experience?

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What previous voluntary work, employment or studies have you done which might help you in your voluntary work here?

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EAWA Registered Office  
Alexandra Business Suites  
Office Number 1  
52 Alexandra Road, Ponders End  
Enfield, Middlesex, EN3 7EH

EAWA Day Centre  
Wheatsheaf Hall  
Corner of Main Avenue and Roman Way  
Bush Hill Park  
Enfield, Middlesex, EN1 1DS

Office Tel. No.: 020 8443 1197  
Office Fax No.: 020 8443 1188  
Day Centre No.: 020 8363 4622  
Email: [info@eawa.org.uk](mailto:info@eawa.org.uk)  
Website: [www.eawa.org.uk](http://www.eawa.org.uk)

Registered Charity No.: 1109149  
Company Limited by Guarantee No.: 5397785



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3. Do you have any previous experience of working with this remit and client group? If so please give details.

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4. How many hours a week are you able to volunteer? On what days and times? How long would you like to volunteer for e.g., 3 months, 6 months?

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5. Do you have any previous criminal convictions or cases pending? If so what?

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6. Do you have a disability or medical condition that you would like to have taken into account?

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Please give details of two people whom we could apply for a reference for you. None of these should be family members and they should be people whom you have known for at least 6 months.

Name: ..... Name:.....  
Address: ..... Address

Telephone Number Telephone Number:

Email: Email:

I wish to become a Volunteer for Enfield Asian Welfare Association Ltd.  
A Role Description can be devised once a role is agreed.

SIGNED .....NAME.....DATE .....

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