Volunteering Application Form

VOLUNTEER ROLE APPLIED FOR: ..........................................…………………………………………………………………….

NAME: …………………………………………………………………………………………………

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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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 cased 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 ……………….