Volunteering Application Form

VOLUNTEER ROLE APPLIED FOR:
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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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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
Day Centre No.: 020 8363 4622
Email: info@eawa.org.uk
Website: www.eawa.org.uk

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

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 ……..

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