

1. VOLUNTEER INFORMATION

Please print clearly

FIRST NAME

LAST NAME

Address

City

Post Code

(_____) _____
Mobile Phone

Email Address

Date of Birth: _____ day _____ month _____ year

Emergency Contact: _____ Relationship _____

Emergency Contact Phone (_____) _____

2. QUESTIONNAIRE

A. What special qualities or talents can you bring to your volunteering?

B. Do you have previous volunteering experience?

C. How much time do you have to volunteer (hours per week or month)?

F. Which, if any, of the following areas would you describe yourself as having expertise in?

- | | | |
|---|---|--|
| Community Development <input type="checkbox"/> | Public Relations <input type="checkbox"/> | Media <input type="checkbox"/> |
| Information Technology <input type="checkbox"/> | Marketing <input type="checkbox"/> | Sales <input type="checkbox"/> |
| Administration <input type="checkbox"/> | Legal <input type="checkbox"/> | Accountancy/Finance <input type="checkbox"/> |
| Fundraising <input type="checkbox"/> | Graphic Design <input type="checkbox"/> | Event Management <input type="checkbox"/> |

Participant Signature

Print Name

Date

***All information will be held in the strictest confidence.*

