

Volunteer Application Form

Personal Details

Title: Mr Mrs Miss Ms Other _____

Gender: Male Female Age: _____

Full Name:

Address:

Post Code:

Contact Number:

Email:

Application Information

Availability (tick all that apply):

Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Varies
am pm	am pm	am pm	am pm	am pm	am pm	am pm	
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

Please highlight your experience and skills and a role(s) you feel you will be suited for (*volunteer opportunities can be found on the website*):

References

Referee one:

Name:

Address:

Contact Number:

In what capacity do you know Referee one?

Referee two:

Name:

Address:

Contact Number:

In what capacity do you know Referee two?

I understand that any offer of volunteering with African Development Trust is subject to satisfactory references, and binding in honour only. In accordance with the 1998 Data Protection Act, I agree that ADT may hold and use personal information about me for volunteering reasons and to keep in touch with me. This information, including that contained in this form can be stored on either manual or computer files. It will be held securely and only accessed by authorised personnel.

Signature:

Date: / /