# **Volunteer Application Form**

We ask all applicants to complete this form.

It asks for your basic contact information and a little background information on what you'd like to get out of volunteering for us.

Please email your completed form to info@aboyerd.org

If you don't have access to an email, you can post your paper version using the address shown on the last page. Please type or handwrite clearly in capital letters.

#### **Personal Details**

Preferred Title	
First Name	
Surname	
Address	
Post Code	
Telephone Number (Mobile)	
Telephone Number (Home)	
Email	

When you join us as a volunteer, your email address will be added to our mailing list for the ABOYERD newsletter and our volunteer specific newsletter. This is one of the main ways we communicate updates, news and volunteering information - if you wish to optout from the mailing list please let us know.

#### **Volunteer Role**

Please provide information below about the volunteer role you are applying for, and why you want to volunteer with ABOYERD.

Please tell us why you want to volunteer with ABOYERD and what you hope to get from your experience with us. This can include any relevant voluntary or paid experience, or any qualifications, hobbies or interests that you have had that you feel would help you undertake the role that you are applying for.

Why do you want to volunteer with ABOYER	•
	<b>ABOYER</b>
EDD - ECUD Application Form	(www.aboyerd.org)

Please continue on a second sh	eet if you need to
Have you volunteered b	efore? Organization? Role?
Other skills/interests that may be of use? e.g. – other	
anguages spoken, design	
skills	
Where did you find out about our volunteer	
pportunity?	
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## **Availability**

When would you be able to volunteer with us? Please provide the times you are available.

Certain volunteering opportunities are dictated by scheduled events and days our staff work. The role descriptions may mention a minimum commitment per week.

We ask that you commit to volunteer with us for a minimum of 6 months due to the resources involving inducting and training new volunteers.

	Monday	Tuesday	Wednesday	Thursday	Friday
АМ					

РМ					
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_			t we should be aw le, induction loop		
roles we v Referees mus previous emp who can com	e provide us wowill only control  only contr	ith the name ontact one age of 18 a or universit suitability for	s of two people to referee e.g., and must not be y tutor, personal o the volunteer role I for at least two y	office-based related to you. The community of the communi	volunteering. hese can be
First Refere	е				
Full Name					
Address					
Telephone					
Email					
How do you	know this per	son?			
Second Ref	eree				
Full Name					

Address	
Telephone	
Email	
How do you know this person?	

I declare that the information in this application form is correct to the best of my knowledge and acknowledge that by signing this form I give my consent to sensitive personal information being recorded and stored securely by ABOYERD.

Signed	
Date	

Electronic signature/written signatures are both accepted.

### Thank you for showing interest in volunteering with ABOYERD!

Please return this form to **info@aboyerd.org** or a hard copy to our office at CAMPOST Building Dschang, first storey

We will be in touch soon.