

LOCAL

Reg. Charity
1104585

FOR CHILDREN AND COMMUNITY SPECIAL NEEDS



RECRUITMENT FORM FOR VOLUNTEERS

Name

Address.....

.....

Telephone

Mobile No.....

Today's Date.....

Date of birth...../...../.....

Reason for wishing to volunteer.....

Preferred Volunteer Placement

Morrison Charity Shop	<input type="checkbox"/>	Uplands Charity Shop	<input type="checkbox"/>
Cariethin Charity Shop	<input type="checkbox"/>	Deliveries/van	<input type="checkbox"/>
Buddies	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Supporting / additional information

Please return to Training Officer (Amanda or Denise)

Office use only

Received by

Volunteer Started Yes/no if no state reason.....

Date of contact.....

Date started.....