



Charity Registration Number: 1172530

VOLUNTEER APPLICATION FORM

Date of Application _____

Contact Details

Title Mr/Mrs/Miss/Ms/Dr/Other

First name: _____ Surname: _____

Address: _____
_____ Postcode: _____

Phone: _____ Email: _____

In emergency who would you like us to contact?

Name: _____ Relationship: _____

Contact number: _____

Interests

Previous Volunteer Experience: _____

In which areas are you best suited to volunteer?

- | | | |
|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Office administration | <input type="checkbox"/> Events |
| <input type="checkbox"/> Deliveries | <input type="checkbox"/> Newsletter production | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Social media campaign | <input type="checkbox"/> _____ |

Availability

During which hours are you available for volunteer assignments?

- | | | |
|--|--|--|
| <input type="checkbox"/> Morning (Mon-Fri) | <input type="checkbox"/> Afternoon (Mon-Fri) | <input type="checkbox"/> Evening (Mon-Fri) |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Once a week | <input type="checkbox"/> As needed |
| <input type="checkbox"/> Other | <input type="checkbox"/> More than once a week | |

I confirm that the information given on this form is, to the best my knowledge, accurate.

I understand that my tasks with Human Aid Initiative may involve issues and situations of a sensitive nature and I agree to maintain confidentiality at all times. I give my consent for Human Aid Initiative to process the information given in accordance with the Data Protection Act 1998.

Signature _____ **Date** _____

Thank you very much for your interest in volunteering with Human Aid Initiative.

Please return the completed application form to:

Voluntary Unit

Human Aid Initiative

7 Leamington Crescent, HA2 9HH

Email: info@humanaidinitiative.org