## Handicap International logoVolunteer application form

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| **Volunteer position applied for:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | First name |  | Surname |  |
| Address |  | | | | |
| Tel (day time) |  | | Mobile |  | |
| Email address |  | | | | |

|  |
| --- |
| **What is your preferred method of contact?** (please delete accordingly)  Telephone / Mobile phone / Email / Postal address |

|  |  |
| --- | --- |
| **Date Of Birth**: |  |

|  |  |
| --- | --- |
| **Employment status:** |  |

## When are you available to volunteer?

|  |  |  |
| --- | --- | --- |
| **Day** | **State ‘Yes’ if you are available that day (10am-5pm)** | **Other (please give details)** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

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| --- |
| **Please state below your motivation for volunteering with Handicap International UK. How does your work and/or volunteering experience match the volunteer position applied for?**  Please refer to the needed skills listed in the volunteer position |
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| **How did you find out about volunteering at Handicap International UK?** |
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| **Do you have any requirements that we need to be aware of?** |
|  |

In accordance with the Data Protection Act 1998, I agree that Handicap International UK 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 application can be stored on both manual and computer files. I confirm that the information on this form is correct.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

If you have any queries or if you would like this form in a different format, please contact Adrienne Townsend on 0870 774 3737 or by email at recruitment@hi-uk.org.