



VOLUNTEER APPLICATION FORM

Title : Mr / Mrs / Ms / Miss _____

Name: _____

Address: _____

City _____ County _____ Postal Code _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Please indicate how you may like to help Early Life Charity

Let us know what areas you are interested in by ticking one or more of the boxes below.

Fundraising and Events

Advertising

Services(e.g. befriending or offering support/advice)

Early Life Representative, Advocate or Speaker

How did you hear about volunteering with Early Life

Media (Radio, Tv, Newspaper)

Internet

Word of Mouth

Leaflet or Poster

Other, please give details

Please tell us about your skills and experience

Please provide any details of experience or skills relevant to this role.

References

Please provide details of two people that we can ask for references about your work/ experience and your suitability to volunteer with Early Life.

(1) Title: Mr / Mrs / Ms / Miss

Name: _____

Address: _____

Email _____ Telephone _____

(2) Title: Mr / Mrs / Ms / Miss

Name: _____

Address: _____

Email _____ Telephone _____

I understand and agree that data contained in this application form will be used for volunteer recruitment purposes and will be held on a computer database. I also agree to Early Life holding this form in paper format in a secure area.

I confirm that the information I have given is correct and I give my consent to Early Life to process the information give in accordance with the Data Protection Act 1998.

Signature

Date

Thank you very much for your interest in volunteering with Early Life. Please return the completed application form to :

Early Life

12 Peter Howling PI

Anstruther, Fife

KY10 3YQ

E-mail": early.life@mail.com