

Shama Women's Centre is an Equal Opportunities Organisation

SHAMA WOMENS CENTRE
VOLUNTEER APPLICATION FORM

Name:

Address:

..... Post code:

Telephone No: Daytime: Evening:

E Mail Address:.....

Date of Birth: Gender:

Age Group:

Please tick one of the following boxes.

16-18 19-25 26-50 50-65 65+

Do you have a clean driving licence? YES/NO

Do you have your own transport? YES / NO

Can you give an indication of the days/evenings you are likely to be available, please note these that these are not fixed days/evenings, they can be flexible if the need arises.

	Daytime	Evenings
Monday	[]	[]
Tuesday	[]	[]
Wednesday	[]	[]
Thursday	[]	[]
Friday	[]	[]

How many hours of work can you give the Centre on a weekly basis or monthly basis?

Can you give some details of relevant experience (if any, whether paid or unpaid)?

Please tick areas in which you would like to gain experience in:

Typing []
General Admin []
Reception []
Other Areas [] Please Specify:.....

Languages: Please give details of any languages you can speak.

Please can you tick one of the following boxes, which best suits you. The information is strictly for monitoring purposes and is required to ensure that the Centre complies with good Equal Opportunities Policies:

Indian Pakistani Bangladeshi Chinese Afro Caribbean
White Dual Heritage Other: Please specify:

I can confirm that the information stated is correct to the best of my knowledge and belief the above information is true and I agree that it together with other information I give during the course of my application may be confirmed through personal or written contact or in whatever way Shama considers necessary.

Signed by: **Date:**

Please return completed application forms to.

Shama Women Centre
39-45 Sparkenhoe Street
LEICESTER
LE2 0TD

VAF/RW2/LD/26/03/01

A:volunteers application
C:hema/33 volunteers application/hp/HE1E6- Jan 2013