

**Volunteer Application Form**

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| --- | --- |
| **Name**  |  |
| **Address** |  |
| **Telephone No(s)** | **Mobile:****Home:****Office** |
| **Email Address** |  |
| **When are you available for volunteer assignments** | **Day:** **Time:** |
| Area of Interests  |

|  |  |
| --- | --- |
| Clinical/Medical |  |
| Health & Wellness |   |
| Fundraising |  |
| Research |  |
| Guest Lecturers |  |
| Building & Repairs |  |
| Personal tutoring, including (Literacy) |  |
| Administration |  |
| Microbusiness (Vegetables, Poultry/sales) |  |

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| **Tell us about your skills and experience** |  |
| **Previous Volunteer Experience** |  |
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|  |  |

Other information of interest…………………………………………………………………………………………………………………….

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**For Administration Purposes Only**

Interviewed by:……………………………………………………………………………………………………………………………………….

Date:………………………………………………………………………………………………………………………………………………………

Approved by:……………………………………………………………………. Date:…………………………………………………………..