

**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) |  | |
| **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:…………………………………………………………..