

**Volunteer Application Form**

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| **Personal / contact details:** |
| **Full Name (First name, SURNAME)** |  |
| **Address** |  |
| **Phone number** |  |
| **Gender** |  |
| **Age** | 🞏 <18 🞏 18-25 🞏 26-35 🞏 36-45 🞏 46-55 🞏 55+  |
| **Email** |  |
| **Next of kin contact details** |  |
| **Languages spoken** |  |
| **Occupation / study** | 🞏 Work 🞏 Study 🞏 Full time 🞏 Part timeDetails:  |
| **Working with Children Check****National Police Certificate** | Yes No Date expire Yes No Date expire No No No  |
| **Parental consent (if applicant under 18 years old)** | Parent / Guardian name: Relationship: Phone: Email:  |

How often would you like to volunteer with ANMS? (Once a week / once a month / school holidays only / when needed at events)

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| **Areas of Interest:** |
| *Please tick the areas if they relate to you:*🞏 Practical maintenance support🞏 Practical cleaning support🞏 Working in the garden🞏 Teaching English🞏 Computer skills🞏 Crèche🞏 Life skills program supporter🞏 Others |

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| **Availability:** |
|  | **Morning**  | **Afternoon**  |
| **Monday**  |  |  |
| **Tuesday**  |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |
| **Saturday** |  |  |
| **Sunday** |  |  |

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| I understand that submitting this application form does not automatically register me as an ANMS volunteer but that there is a selection process including completion of a satisfactory Working with Children Clearance and Police Record Check. I confirm that I am willing to be an ANMS volunteer for at least a three-month period.**Name:** **Signature:** **Date:**  |