

SOMALI COMMUNITY PARENTS ASSOCIATION

19 Brunswick Street, LE1 2LP, Tell: 0116 2628632

Volunteer Application Form

Name:

Surname:.....

DOB:.....

Contacts Phone:

Home:Mobile:.....

Work if applicable:.....

Emergency Contact:Phone:

Address

.....

Postcode.....

Email:.....

Which volunteer roles are you interested in?

Administration Website

Fundraising Press & Publicity

Supplementary
Teaching Assist.

Not sure yet.....

Please tell us about any work, volunteering, personal experience or skills that you have that are relevant to the role you are interested in

Availability

At what times are you interested in volunteering

Flexible..... Specific days/times (please state when.....)

References

Please supply details of 2 people who know you well enough to comment about your suitability for this role. They should not be family members. If you are not sure about who to put we are happy to discuss this with you

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Referee 1

Name:

Address:.....
.....

Email:.....

Phone:

How does this person know you?.....

Referee 2

Name:

Address:.....
.....

Email:.....

Phone:

How does this person know you?.....

Do you have any particular needs that we should be aware of so as to best support your volunteering with us?

How did you hear about us?

Volunteer Centre.... Website... Another organisation... leaflet....

A friend/family member...

Other.....

Signed

Date

Thank you

Please return this form to:

SOCOPA ORG. 19 Brunswick street, Leicester, LE1 2LP