

ELBWO
Application Form for Volunteers

Name:	Address:
Date of Birth:	Tel No: (hm) (wk)
How did you hear about the organisation?	
What are your reasons for wanting to become a volunteer for ELBWO?	
Please state why you think you are suitable for the position of volunteer and any relevant skills or qualities you may have which can be applied:	
Please list your qualifications:	

Please turn over

As well as the above, ELBWO seeks volunteers in the following specialist skills:
Please tick:

	Please Tick		Please Tick
Full Drivers Licence		Able to Drive Min-bus	
Experience of Playscheme		Experience of Afterschool Club	
Teaching Skills		African Language	
Swimmer		Experience of working with Children	
Office Skills		Newsletter Production	
Organising Fundraising Events		Working with Special Needs Children	
Work with the Elderly		Work with the Disabled	

Employment Record (beginning with most recent or last employer):

Name & Address	From	To	Position Held

Please give the name of two referees to whom we can write to:

Name & Address	Name & Address
1.	2.

Signed:.....Date:.....

If you are a volunteer where you will be required to work with children, you will be asked to complete a police check form and a health questionnaire to comply with the Children's Act 1989.