

INTERGEN-TRAFFORD - VOLUNTEER APPLICATION FORM

Title & Surname		Name		Preferred name	
Address					
Email				Date of Birth	
Best phone number			Alternative number		
How did you hear about Intergen-Trafford?					
Other Volunteers <input type="checkbox"/>		Website <input type="checkbox"/>	Facebook <input type="checkbox"/>	Volunteering event (please specify)	
School		Other specify			
Tell us a little about yourself (skills, hobbies, interests and work both in and out of the house)					
Why do you wish to volunteer in a school? (in preference to other volunteering opportunities)					
Activities in school preferred					
Reading <input type="checkbox"/>		Art & Crafts <input type="checkbox"/>	Science /Maths <input type="checkbox"/>	Cooking <input type="checkbox"/>	Gardening / Outdoors <input type="checkbox"/>
Music / Choir <input type="checkbox"/>		Class support <input type="checkbox"/>	Office support <input type="checkbox"/>	Other specify	
Preferred school					
What is your availability?					
Monday AM <input type="checkbox"/>		Tuesday AM <input type="checkbox"/>	Wednesday AM <input type="checkbox"/>	Thursday AM <input type="checkbox"/>	Friday AM <input type="checkbox"/>
Monday PM <input type="checkbox"/>		Tuesday PM <input type="checkbox"/>	Wednesday PM <input type="checkbox"/>	Thursday PM <input type="checkbox"/>	Friday PM <input type="checkbox"/>
Flexible <input type="checkbox"/>			Only occasionally <input type="checkbox"/>		
Do you have health conditions, sensory deficits, mobility issues that may require a reasonable adjustment or additional support?					
Emergency contact					
Full name		Relationship		Home tel.	
Address			Alternative number for emergencies		