Volunteer Application Form

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| First Name: | Surname: |
| Home Address: | |
| Telephone No: (Day) | Telephone No: (Evening): |
| Skype ID: | Emergency Contact: |
| Email Address: | |

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| Why are you interested in volunteering with KCDC? |
| What would you like to achieve through your voluntary work at KCDC? |
| How do you think KCDC will benefit from your time spent volunteering? |
| Previous experience in low income countries and/or working with children with disabilities (Paid or Unpaid): |
| Any other information to support your application? |
| What are you preferred dates to volunteer with KCDC? |
| Do you have any medical or additional support needs? |
| Do you have a current DBS/child safeguarding certificate? |

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| How did you hear about our organisation? |

References

Please supply the names and addresses of two referees who know you well. This may be a previous or current employer, neighbour or a previous volunteering project. Please note that a referee cannot be a relative.

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| Name | Relationship to referee | Address | Telephone number | Email |
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Please include updated CV/Resume and any other relevant documents and send by email to info@kyaningacdc.org

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| For Official Use Only: KCDC volunteer Scheme  Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  Reply To volunteer: \_\_\_\_/\_\_\_\_/\_\_\_\_  Approve / Not Approved / Query  Notes:  Signed: |