



Volunteer Application Form

The following information is required in order to recruit volunteers on behalf of Children With AIDS Charity. Please complete as fully as possible and sign and date the form before returning it. Should you have any questions or problems with providing the requested information, please contact the CWAC office before completing it.

Personal Details

Title: **Full Name (Print) :**

Home Address (Print):

Tel. No:

Mobile No:

Fax No:

Email address:

Occupation:

Work Address (Print):

Tel. No:

Extension:

Fax No:

Email address:

Please tick which address you would prefer to be contacted at:

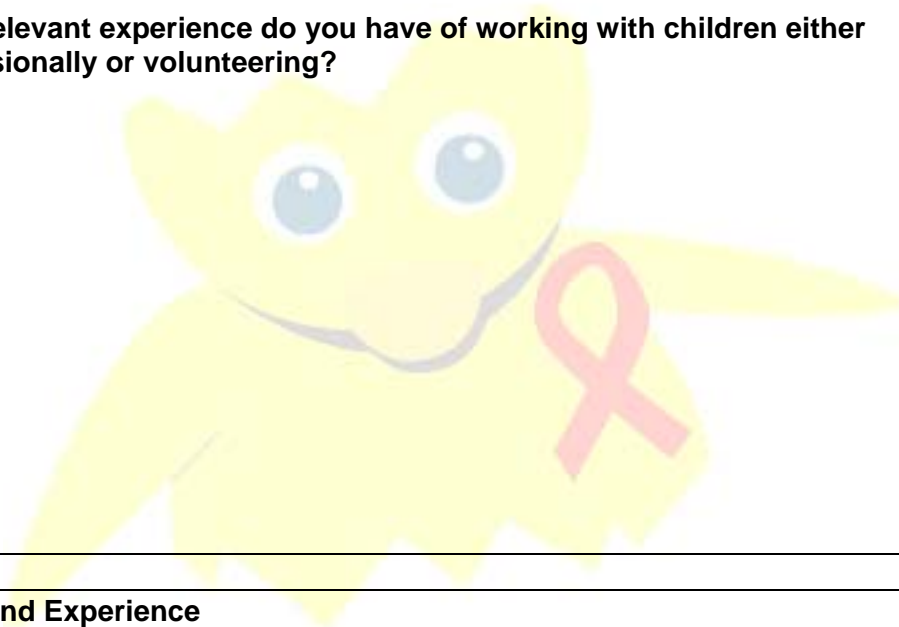
Home **Work**

When is the best time to contact you? (Please indicate day / evening and/or specific times that are best)

Interests / Hobbies

Working With Children

What relevant experience do you have of working with children either professionally or volunteering?



Skills and Experience

Do you have any specific skills and / or experience that you could use while volunteering?

Availability

a) What times of year would you prefer to participate (e.g. months, term-time, school holidays)?

b) What days, hours, periods are you available?

c) Are there any specific dates or times that you cannot do during the 12 months from the date of this application?

Volunteering Preferences

What areas of volunteering would most interest you? Tick all that apply.

- Office work / administration
- Fundraising
- Events preparation
- Help at events
- Education
- Website updates

As our volunteers may work directly with children, it is now a necessary legal requirement for all workers and volunteers to have a child related Criminal Records Bureau Check. This involves CWAC making a request to the Criminal Records Bureau who identifying candidates who may be unsuitable to work with children, by conducting checks into any criminal convictions and other background checks.

If you have already had this check, please enclose a copy of the certificate with this form. If not, please sign in the section below to grant permission for CWAC to conduct an official check on your behalf.

I, (PRINT NAME) grant permission for Trustees of Children With AIDS Charity to conduct a Criminal Records Bureau Check for working with children on my behalf.

SIGNED _____

DATE _____

Declaration: I confirm that all of the information I have written on this form is correct to the best of my knowledge and I agree to update CWAC should any of the details change.

SIGNED _____

DATE _____

Once completed please return to: CWAC, 5 Calvert Avenue, London E2 7LP