# 2879_ARC_Logo_Final_RGB

# Volunteer Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Personal Details** | | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | |
| Phone Number | | | |  | | | | | | | | | | | |
| E-mail | | | |  | | | | | | | | | | | |
| **Volunteer Type** | | | | Outreach | | |  | | Support | |  | | Indoor Gardener | |  |
| **Preferred Location** | | | Eccles Street | | |  | | | Herbert Avenue | |  | | South Circular Road | |  |
| Availability for Support Volunteer only (please tick all that apply) | | | | | | | | | | | | | | | | |
| Monday  AM PM | | Tuesday  AM PM | | | Wednesday  AM PM | | | | | Thursday  AM PM | | | | Friday  10 – 2 | | | |
|  |  |  | |  |  | | |  | |  | |  | |  | | | |

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| **Skills or Experience Related to the Role** |
| Please tell us about your experience (personal or professional). personal qualities, skills and knowledge that make you suitable to the role of information support volunteer with ARC. |
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| What interests you about volunteering with ARC? |
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| Previous Volunteer Experience |
| Have you done voluntary work before? If so, where? |
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| References | |
| Please give us the name of two references (whom you have known for at least 2 years and who are not family members or friends). | |
| **Name (1)** |  |
| Address |  |
| Mobile Phone |  |
| E-Mail Address |  |
| How does this person know you? |  |

|  |  |  |
| --- | --- | --- |
| **Name (2)** |  | |
| Address |  | |
| Mobile Phone |  | |
| E-Mail Address |  | |
| How does this person know you? |  | |
| Agreement and Signature | | |
| By submitting this application, I affirm that the facts set forth in it are true and complete. | | |
|  | | |
| Name (printed) | |  |
| Signature | |  |
| Date | |  |
|  | | |