



Volunteer Application Form

Name: _____

Address: _____

Postcode: _____

Age: _____ Date of Birth: _____

Telephone details

Home: _____

Work: _____

Mobile: _____

Email: _____

Employment

Company Name: _____

Type of Business: _____

You're Position: _____

Can we call you - at work? Yes No
- at home? Yes No until what time? _____ pm

How did you learn about Children's Lifeline Foundation?

I am willing to call my contacts on behalf of Children's Lifeline Foundation: **Yes / No**

Children's Lifeline Foundation may call and use my name as a reference: **Yes / No**

Children's Lifeline Foundation should call without using my name: **Yes / No**

Company Name: _____

Telephone No: _____

Contact Name: _____

Position: _____

There are a number of ways in which you can volunteer with us. Please tick the areas in which you would like to help.

Fundraising Recruit Volunteers

Telephone volunteers

Office work

Donate space

Work on a committee functions

Other events

Regional/local organiser

etc.

Donate goods or services _____

Other (*please specify*) _____

How much time are you able to devote to Children's Lifeline Foundation?

Are you available on:

Weekdays? **Yes / No**

Weekends? **Yes /No**

If available on weekdays, are you free from 9am to 5pm? **Yes / No**

Do you have any skills or interests which you would like to use in your work for Children's Lifeline Foundation?

Any additional information you would like to add:

When complete please send to:

Children's Lifeline Foundation
86 Vestry Road
London
SE5 8PQ

Tel: 020 36381908

n.marta@childrenslifelinefoundation.org.uk