



APPLICATION FORM FOR VOLUNTEERS

SURNAME (Mr/Mrs/Miss/Ms).....

FIRST NAME(S).....

ADDRESS.....

.....Postal code

TELEPHONE NO. (Home) (Work) (Mobile)

EMAIL ADDRESS

NAME & TELEPHONE NO IN CASE OF AN EMERGENCY.....

DATE OF BIRTH OCCUPATION (If any).....

PREVIOUS WORK EXPERIENCE

HAVE YOU ANY HEALTH PROBLEMS* YES/NO

(*which could affect your performance as a volunteer)

HAVE YOU ANY ALLERGIES (i.e. food, latex, etc.) YES/NO

ARE YOU ON ANY MEDICATION* YES/NO

(*which could affect your performance as a volunteer)

ARE YOU A CAR OWNER YES/NO

PLEASE GIVE DETAILS OF ANY OTHER CURRENT VOLUNTARY OR COMMUNITY WORK YOU

UNDERTAKE

INTERESTS/ SKILLS/ HOBBIES.....

HAVE YOU ANY PARTICULAR INTEREST, EXPERIENCE OR QUALIFICATIONS WHICH MIGHT BE

USEFUL AT LES BOURGS

.....

.....

.....PTO

