



Initial Enquiry Form - Volunteers

Name: _____ D.O.B: _____

Address: _____ Postcode: _____

Contact numbers: _____

Email address: _____

Gender Identity: _____

Sexual Identity: _____

Cultural Identity: _____

Area of volunteer interest: (please tick)

- Lead Tenant
- Mentor
- Child Play Supervisor
- Workshop Support
- Other (please specify) _____

Referred by: _____

Experience: _____

Motivation: _____

Transport: YES / NO Availability: _____

Experienced with client group YES / NO

Previous Voluntary experience YES / NO

Prepared to undertake appropriate references, Police & WWC Check: YES / NO