



# مبرة الشاكري للتكافل الاجتماعي

## Shakiry Charity for Social Solidarity



### VOLUNTEER APPLICATION FORM

#### Applicant's personal details:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone No: \_\_\_\_\_

What Volunteer Role are you applying for? \_\_\_\_\_

#### Applicant general information:

1. Do you speak any languages other than English? Yes ( ) No ( )
2. If yes, please state which language(s) \_\_\_\_\_
3. Preferred Volunteering Venue: Office ( ) Home ( ) Events ( )
4. How many hours a week can you volunteer at Shakiry Charity? \_\_\_\_\_
5. When can you start? \_\_\_/\_\_\_/20\_\_\_
6. Do you have any special needs/special requests? Yes ( ) No ( )  
If yes, please state what are they? \_\_\_\_\_

**Note: Sorry, we cannot accommodate wheelchair users in our premises.**

7. Do you have any medical conditions that Shakiry Charity should be informed of? If yes, provide details:  
\_\_\_\_\_

#### Work experiences:

Please give details of your work experience (paid or unpaid)

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**Reference Details**

Please provide **two** References (who are not associated with Shakiry Charity), which may be contacted. (Can be an employer or tutor).

	<b>Referee Details – 1</b>	<b>Referee Details - 2</b>
<b>Name</b>		
<b>Occupation</b>		
<b>Address</b>		
<b>Email address</b>		
<b>Tel contact</b>		

**Emergency Contact:** Please provide details of somebody we can contact in case of an emergency, illness, accident etc (not associated with Shakiry Charity)

<b>Name</b>	<b>Telephone No.</b>	<b>Relationship to you</b>

**PLEASE ATTACH YOUR CV and tick box**

I .....certify that to my knowledge, the above information is true and accurate.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_