



VOLUNTEER APPLICATION FORM

YOUR DETAILS

NAME:

PREFERRED PRONOUNS:

ADDRESS:

TELEPHONE:

EMAIL:

CONTACT FOR EMERGENCIES

NAME:

ADDRESS:

TELEPHONE:

EMAIL:

Do you have any disabilities or long term health conditions that we might need to make adjustments for to enable you to fulfil this role?

Where did you hear about Impact Initiatives?

How much time would you be able to offer?

hours

weekly

monthly

Could you offer a regular commitment? Yes No

How long do you envisage being able to work with us?

Registered office 19 Queens Rd Brighton BN1 3XA

Telephone: 01273 322940

Email: info@impact-initiatives.org.uk

Impact Initiatives is a company limited by guarantee and a registered charity.
Company registered in England no. 140692 Charity Commission no. 27666

Please give the name and addresses of two referees.

These must be people that you have worked for or that have known for two years or more (not family members).

NAME:

NAME:

ADDRESS:

ADDRESS:

EMAIL:

EMAIL:

PHONE:

PHONE:

What skills, interests or experience do you have that are relevant to volunteering with Impact? e.g. previous jobs, hobbies or special interests.

Declaration

I declare that to the best of my knowledge the information given on this application form is correct.

Signed:

Date: