

## Gorseinon Development Trust

# Volunteer Application Form

Name: ..... Date of application: .....

Address: .....

..... Postcode: .....

Email Address: .....

Contact Nos: Home..... Mobile.....

Desired Start Date: .....

Days and Times Available for Volunteering: .....

.....

Are you under 18 years of age? Yes  No

Are you over 65 years of age? Yes  No

Do you have a disability? Yes  No

If yes, is there any type of work that you may be unable to carry out?

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Would you be interested in volunteering for any of the following:-

- |  |  |
|--|--|
| <input type="checkbox"/> Organising Events / Festivals       | <input type="checkbox"/> Answering the telephone         |
| <input type="checkbox"/> General administration              | <input type="checkbox"/> Reception duties                |
| <input type="checkbox"/> Public Relations work               | <input type="checkbox"/> Helping with the Lantern Parade |
| <input type="checkbox"/> Computing                           | <input type="checkbox"/> Catering                        |
| <input type="checkbox"/> Giving Talks                        | <input type="checkbox"/> Finance                         |
| <input type="checkbox"/> Any other skills or interests ..... |  |