



# VOLUNTEER APPLICATION FORM

Name:

Contact No.:

Email:

Organisation/School:

Age:

Experience:   

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Language(s) spoken: 

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Nationality:

Groups/networks: 

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Education level: 

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Skills: 

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How did you learn about VF: 

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**I can help with (check all applicable):**

- |   |   |
|---|---|
| <input type="checkbox"/> Facilitate a program | <input type="checkbox"/> Admin duties   |
| <input type="checkbox"/> Lead a program       | <input type="checkbox"/> Tuition        |
| <input type="checkbox"/> Presentations        | <input type="checkbox"/> Graphic design |
| <input type="checkbox"/> Communicating        | <input type="checkbox"/> Fundraising    |
| <input type="checkbox"/> Outreach             | <input type="checkbox"/> Networking     |

Availability:  Mon  Tue  Wed  Thu  Fri  Sat  
 Weekdays only  Weekends only

Times (11am to 7 pm): 

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Have you read our website?  Yes  No

Have you read our wish list?  Yes  No

Remarks: 

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