

VOLUNTEER FORM

Full Name: _____ Contact Number: _____

Address: _____

Are you a currently a member of Footprints: Yes: No:

Postcode: _____

How do you feel about working with others?

Please describe your interpersonal and communication skills:

What is your availability in regards to volunteering?

Do you require childcare or further support? Yes No Other *(Please Specify):*

Are you interested in volunteering within Footprints services or as part of a one off social action project? (Please specify what position you have applied for if applicable)

Volunteer Signature:

Date:

(To be completed by Department Manager)

Volunteer has received Volunteer pack or has been directed to its location.

Has Completed vetting and references confirmed

Managers Signature:

Date: