Volunteers Application form

Please complete the information below, which will be treated with confidentiality.

Personal details

Names	
Address / Post-code	
Pass port No./ID No.	
Country of Origin	
Email	
Phone	
Mobile	
language	
Accessibility needs,	*(Please state your requirement needs)*

Volunteering fields

Role applied for (if any)	
Tick, 2 age groups of learners you can work with?	i)Babies – 3-4years: _____ ii)5-7 years: _____ iii)8-10 years: _____ iv)11-14years: _____
How many days, weeks, or months will you Volunteer with us?.	***(Tick the appropriate time for you)*** ***Days: _____Weeks:_____ Months: _____,*** ***Starting Date: _____***
Names the section you are interested in.	***(Please tick the appropriate area of interest***
- Education of deaf and Hard of hearing. - Skills training - Games and sports - Signing and Playing instruments - Story telling and drawing pictures - Music & Drama - Art & Craft - Swimming - Other: Name it	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Emergency Contacts	*Name and Address(Optional):*
Emergency Contacts	*Name and Address(Optional)*
Any other information you would like us to know.	
Names & Signature	

If you have any difficultly completing this form, contact us on

Email: hopcaneducfund@gmail.com