



MASKS (MAKE A SPECIAL KID SMILE)

VOLUNTEER APPLICATION FORM

Personal Details

Title:

First name(s):

Surname:

Address (for correspondence):

Postcode

Tel:

Mobile:

Email:

Why are you interested in volunteering for MASKS?

Please tell us which areas you are interested in volunteering:

- ☐ Administration
- ☐ Communication
- ☐ Events
- ☐ Fundraising
- ☐ Marketing

What skills and experiences do you have that you believe would be useful to MASKS?

What is your availability to volunteer? Please specify days/times.

Have you volunteered for other organisations before? If so, please describe your experience.

What additional support could we give to help you?

Is there anything else you would like to tell us about yourself that may be relevant to your application?

References

Please supply us with the names and contact details of two referees who we may contact:

Name:

Address:

Postcode:

Tel: (daytime)

Email:

Name:

Address:

Postcode:

Tel: (daytime)

Email:

Declaration

By signing below, I affirm that the information provided on this application is true and complete to the best of my knowledge. information my application may be disqualified or, if I have already been appointed that appointment may be revoked.

I confirm that I agree to the above declaration.

Signed_____ Date_____

Thank you for your interest in volunteering with MASKS. We will review your application and be in touch soon.

This form should be marked 'Confidential' and returned to info@maskscharity.org

Please note that all data will be held in the strictest confidence and in compliance with the Data Protection Act of 1998 and will only be used for the purpose of selection of trustees.