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| Volunteer Information**Personal Information** |
| Title:  | First Name:  | Surname:  |
| Address:  |
| Town/ City:  | County**:**  | Post Code:  |
| Home Phone Number:  | Mobile Phone Number |
| Email Address:  |

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| Skills & BackgroundPlease describe briefly any knowledge or previous experience you can offer. |
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| **Availability****What days and times will you be available?**  (please tick) |
| **Day** | **Morning** | **Afternoon** | **Evening** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  |  |

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| Declaration |
| I hereby give permission for representatives of the Milton Keynes Islamic Cultural Association to contact me regarding any volunteering opportunities that arise which they feel might be of interest to me. |
| Print Name: | Signature: | Date: |

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| Official Use Only |
| Date Reviewed |  | Reviewed By: |  | Information Updated | Yes | No |
| Date Reviewed |  | Reviewed By: |  | Information Updated | Yes | No |
| Date Reviewed |  | Reviewed By: |  | Information Updated | Yes | No |
| Date Reviewed |  | Reviewed By: |  | Information Updated | Yes | No |