

# AIIR Projects Volunteer Form

TAKING PEOPLE FORWARD AS ONE

*Dear Sir/Madam*

*I Thank you for offering to visit our Center as a volunteer. We need to provide information about our volunteers and it would be appreciated if you could let us have the following details about yourself.*

Name.....

Address.....

Telephone/Mobile Number.....Date of Birth.....

Do you have any experience of volunteering, special skills or interests?

Can you name two people who would be willing to give you a reference?

Would you like to help with any of these activities? (please tick)

- |                                                   |                                               |
|---------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Reading to the attendees | <input type="checkbox"/> Driving the minibus  |
| <input type="checkbox"/> Talking to the attendees | <input type="checkbox"/> Helping with outings |
| <input type="checkbox"/> Helping the staff        | <input type="checkbox"/> ICT or Marketing     |
| <input type="checkbox"/> Preparing refreshments   | <input type="checkbox"/> Concerts             |
| <input type="checkbox"/> Fundraising              | <input type="checkbox"/> Sing-songs           |
| <input type="checkbox"/> Helping with events      | <input type="checkbox"/> Playing the piano    |
| <input type="checkbox"/> Games                    | <input type="checkbox"/> Music                |
| <input type="checkbox"/> Craftwork                | <input type="checkbox"/> Socials or parties   |
| <input type="checkbox"/> Gardening                | <input type="checkbox"/> Outdoor activities   |

Do you have any particular days or times which are more convenient for you?



Please return this form to the Centre Administrator

**Wellingborough African Caribbean Association**

Rock Street Community Centre  
27-29 Rock Street  
Wellingborough

Phone: 01933 222095  
Web: [www.wacacentre.com](http://www.wacacentre.com)

