



San Miguel Centre:
 Calle Lope de Vega 45, San Miguel de Salinas 03193, Alicante
 Telephone: 966 723 733
 E-mail office@helpvegabaja.com
www.helpvegabaja.com

VOLUNTEERS APPLICATION FORM

Please use capital letters and write clearly in black ballpoint pen

Personal Details

Title:	First Names:	Surname:
Address:		
How long have you lived at this address:		
Date of Birth		
Email:		
Telephone	Mobile:	

References

Please supply the names and addresses of two referees who have known you for a minimum of two years [family members and people who live with you are not accepted]. Preferably, one of the referees would be a professional [i.e. a former employer]:

Name:	Name:
Address:	Address:
Telephone:	Telephone:
Length of time known?	Length of time known?

Are you a permanent resident of Spain?

Yes / No

If yes, how long have you lived in Spain?

If you are not a permanent resident how long do you stay throughout the year ?

What type of Volunteering would you like to do?

[Please find enclosed leaflet for more detailed information]

Administration	Fundraising	Advice & Information	Collection Boxes
Friendship Centre	Publicity	Charity Sales	Hospital Visiting
Preparation and Sorting of Items Donated	Driver Delivery		

Please tick one or more boxes above

What skills, experience and qualifications do you have to offer HELP?:

What are your interests or hobbies? :

How did you hear about us:

Please tick the area in which you would like to volunteer:

TORREVIEJA	SAN MIGUEL	LA MARINA	ORIHUELA COSTA
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When are you available to help as a Volunteer – days and times?

Do you hold a current driving licence?

Yes/No

Please give details of any present or previous work as a Volunteer: ?

Where did you hear about us ?.....

Confidentiality

All information given in this application will be regarded as confidential and be used only for the purpose for which it was given.

Declaration

The information given on this application form is correct to the best of my knowledge and belief. I confirm that I am a paid up member of the Association Help Vega Baja and agree that they may contact the named referees.

Signature: _____ Date: _____