

Volunteer Application

Name:

Organisation: (if applicable):

Address:

Postcode:

Phone Home:

Mobile:

Email:

What is your preferred method of contact? Home Mobile Email

Are you: Male Femal Date of Birth:

What work are you interested in volunteering for with Fight Parkinson's?

- | | |
|---|---|
| <input type="checkbox"/> A Walk in the Park | <input type="checkbox"/> General Administration |
| <input type="checkbox"/> Reception Duties | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Putting together Info Kits | <input type="checkbox"/> Mail Outs |
| <input type="checkbox"/> Other – please describe: | |
-

Which days and times are most suitable for you?

- | | |
|---|---|
| <input type="checkbox"/> Monday Time | <input type="checkbox"/> Friday Time |
| <input type="checkbox"/> Tuesday Time | <input type="checkbox"/> Saturday Time |
| <input type="checkbox"/> Wednesday Time | <input type="checkbox"/> Sunday Time |
| <input type="checkbox"/> Thursday Time | <input type="checkbox"/> Other: Project Based |
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Please list prior experience or skills which may be relevant to volunteering with Fight Parkinson's:

Have you volunteered with Fight Parkinson's in the past? If so, when and in which capacity?
