VOLUNTEER APPLICATION FORM

C/O Ainsdale Methodist Church, Liverpool Road, Southport PR8 3NQ

Tel. 01704 574838

Registered Charity 1129183 Company No. 6846070

CONFIDENTIAL

Name:		Tel. No: _		
Address:		Email:		
		Date of E	Birth:	
Postcode:				
Special Skills or Exp	perience:			
Volunteering Opp	oortunities of Inte	rest:		
Community Café	E ☐ Kitchen ☐	Luncheon Club ☐ N	∕leal Deliveries ☐	Office Assistant ☐
Social Media	☐ Chatty Table	Host ☐ Meeter & Gr	eeter□ Marketing	g/Promotion ☐
Please indicate w	hich days/times y	ou would be available	to volunteer:	
MONDAY				
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Date: _____

Signature: