

GAF Volunteer Form

Name

Home Address

Phone Number

Email

Date of Birth (if under 18)

Please write down your availability (i.e. Weekdays, Evenings) as well as frequency (i.e. weekly, fortnightly, occasional):

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Who do you know already involved with GAF?

Name

Relationship

What are you interested in volunteering with? Please tick all that apply:

Events- front of house	<input type="checkbox"/>	Events - Helping run a bar	<input type="checkbox"/>
Friday coffee mornings	<input type="checkbox"/>	Baking/Nibbles for events	<input type="checkbox"/>
Children's activities	<input type="checkbox"/>	Art-related work re exhibitions	<input type="checkbox"/>
Help with plant sale	<input type="checkbox"/>	Heritage	<input type="checkbox"/>
Website	<input type="checkbox"/>	Delivering leaflets	<input type="checkbox"/>
Publicity	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	Managing GAF Friends	<input type="checkbox"/>
Admin	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Please note: for some volunteering roles references may be required

Please return completed form to Leanne Renshaw at
The GAF Centre, School Road, Bursledon, Southampton, SO31 8BX