



## **VOLUNTEER APPLICATION FORM**

### **Personal Information**

**Full Name:** \_\_\_\_\_

**Preferred Pronouns:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Gender: Male / Female / Other (Please circle or specify)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Passport/Identification Number:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_

### **Volunteering Experience**

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### **Health and Accessibility Needs**

Do you have a disability or need support relevant to your application?

☐ Yes

☐ No



**Allergies or Medical Conditions:**

*Information to help us support you.*

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If yes, please describe the role, your responsibilities, and the duration:

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**How did you know about HEKIMA?**

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**Motivation**

Why do you want to volunteer in our organisation?

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What are your goals for volunteering with Hekima?

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## Relevant Experience

Please provide us with information about any educational background, work, or volunteering experience relevant to the volunteer role you are applying for.

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If you have volunteered before, please provide details of where and for how long and describe your volunteer role.

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## Hobbies and Skills

What are your hobbies and things that interest you more to do during your free time?

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What skills or qualities may be relevant to the volunteer role you are applying for?

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Languages Spoken: \_\_\_\_\_



**Relevant Certifications:** \_\_\_\_\_

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### **Availability**

When are you available to volunteer? (Please outline days and how much time you can commit to volunteering at HEKIMA.)

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When are you available to volunteer? (Please outline days and how many hours you will commit to volunteering at HEKIMA per day)

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**Start and End Dates (if applicable):** \_\_\_\_\_

### **Health and Accessibility Needs**

Do you consider yourself to have a disability or support needs that are relevant to your application?

- ☐ Yes  
☐ No

If yes, is there anything we need to know to ensure you have equality of opportunity?

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Please specify any allergies, medical conditions, or other information that would help us support you.

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## References

Please provide details of two referees (non-relatives) who may be contacted if necessary:

### Reference 1

- Name: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

### Reference 2

- Name: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

**Any other comments:**

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**Consent for Data Usage:**

**You consent to Hekima using your information solely to process this application by signing below.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_