



## Volunteer Form

ASNA (Volunteer), Suite W-05, Windrush Innovation Centre, Howbery Park, Wallingford, OXON, OX10 8BA  
[info@asna.info](mailto:info@asna.info) | [www.asna.info](http://www.asna.info)

Please complete this form IN BLOCK LETTERS or by computer and send to [ASNA \(Volunteers\), Suite W-05, Windrush Innovation Centre, Howbery Park, Wallingford, OXON, OX10 8BA](#) or send by email to [info@asna.info](mailto:info@asna.info). Please let us know if you require this form in an alternative format.

1. Your Details		
FULL CONTACT NAME		
FULL CONTACT ADDRESS		
COUNTY		
POST CODE		
CONTACT TELEPHONE <i>(INC. AREA CODE)</i>		
CONTACT MOBILE NUMBER		
CONTACT EMAIL ADDRESS		
I AM VOLUNTEERING AS: <i>(PLEASE SELECT)</i>	AN INDIVIDUAL	
	A GROUP	
	AN ORGANISATION	
IF YOU ANSWERED GROUP ORGANISATION, PLEASE GO TO PART 2. IF YOU ARE AN INDIVIDUAL, PLEASE GO TO PART 3		
2. For Groups and Organisations.		
NAME OF GROUP OR ORGANISATION		

<b>WE ARE:</b> (PLEASE SELECT)	<b>A PRIVATE SECTOR ORGANISATION</b>	
	<b>A PUBLIC SECTOR ORGANISATION</b>	
	<b>AN EDUCATIONAL ORGANISATION</b>	
	<b>OTHER</b>	
<b>IF YOU ANSWERED 'OTHER' ABOVE, PLEASE GIVE DETAILS:</b>		
<b>PLEASE TELL US HOW YOUR GROUP OR ORGANISATION COULD HELP US IN THE FIELDS OF CARING, ADMINISTRATION, TRUSTEES OR AS SUPPORTERS.</b>		
3. For Individuals		
<b>I AM:</b> (PLEASE SELECT)	<b>IN FULL-TIME EMPLOYMENT</b>	
	<b>IN PART-TIME EMPLOYMENT</b>	
	<b>A STUDENT</b>	
	<b>RETIRED</b>	
	<b>OTHER</b>	
<b>I AM INTERESTED IN VOLUNTEERING AS:</b> (PLEASE SELECT)	<b>A CARER</b>	
	<i>(PLEASE GO TO PART 4)</i>	
	<b>ADMINISTRATION</b>	
	<i>(PLEASE GO TO PART 5)</i>	
	<b>A TRUSTEE</b>	
<i>(PLEASE GO TO PART 6)</i>		

Please make all checks payable to ASNA

Data Protection Act: please note that the above information  
will be kept on computer file and used solely for ASNA purposes

**ASNA is a Registered Charity Number 1100447**

Part 4 - Carers			
PLEASE GIVE US DETAILS OF ANY CARING EXPERIENCE:			
PLEASE LIST ANY QUALIFICATIONS IN CARING YOU HOLD:			
PLEASE GIVE US THE FULL NAME AND ADDRESS OF A REFEREE:			
PART 5 - ADMINISTRATION			
PLEASE SELECT ANY AREAS YOU MAY BE ABLE TO HELP US WITH:		ACCOUNTING/FINANCE	<input type="checkbox"/>
		BUSINESS DEVELOPMENT	<input type="checkbox"/>
REPORTING	<input type="checkbox"/>	CAMPAIGNING	<input type="checkbox"/>
RESEARCH	<input type="checkbox"/>	EVALUATION	<input type="checkbox"/>
SERVICE DEVELOPMENT	<input type="checkbox"/>	EVENT MANAGEMENT	<input type="checkbox"/>
STRATEGY/PLANNING	<input type="checkbox"/>	FUNDRAISING	<input type="checkbox"/>
TRAINING	<input type="checkbox"/>	GOVERNANCE	<input type="checkbox"/>
VOLUNTEER MANAGEMENT	<input type="checkbox"/>	HUMAN RESOURCES	<input type="checkbox"/>
WORKING WITH CENTRAL GOVERNMENT	<input type="checkbox"/>	IT	<input type="checkbox"/>
WORKING WITH LOCAL AUTHORITIES	<input type="checkbox"/>	MARKETING	<input type="checkbox"/>

<p><b>WORKING WITH STATUTORY CONTRACTS</b></p>		<p><b>PR</b></p>	
<p><b>PUBLISHING/COPYWRITING</b></p>		<p><b>OTHER</b></p>	
<p><b>PLEASE GIVE US DETAILS OF ANY ADMINISTRATION EXPERIENCE:</b></p>			
<p><b>PLEASE GIVE US THE FULL NAME AND ADDRESS OF A REFEREE</b></p>			
<p><b>PART 6 - TRUSTEES</b></p>			
<p><b>HAVE YOU EVER BEEN A TRUSTEE OF ANOTHER CHARIRTY OR ORGANISATION BEFORE? IF YES, PLEASE GIVE DETAILS:</b></p>			
<p><b>WHAT SKILLS COULD YOU BRING TO THE TRUSTEES?</b></p>			

<b>HOW COULD YOU BE AN AMBASSADOR FOR THE CHARITY?</b>			
<b>Signed</b>		<b>Date</b>	

**Thank you for filling out this form. Please now send to:**

ASNA (Volunteer) Suite W-05, Windrush Innovation Centre,  
Howbery Park, Wallingford, OXON, OX10 8BA

Or Email to: [info@asna.info](mailto:info@asna.info)