

Volunteer Application Form

Name: _____

Address: _____

Telephone: _____ **Mobile:** _____

Email: _____

Time available for volunteering: _____ **days a week**

Starting date: _____ **Ending date:** _____

Educational achievements

School/ College

Qualifications

Year received

Work experience (including voluntary work) (continue on a separate sheet of paper if necessary).

Name and address of employer
ment

Job title/ description

Period of employ-

Skills & Knowledge (paying particular reference to the criteria outlined in ECRA's Volunteer Policy but also adding any additional experience you think may be relevant)

Referees (please give the contact details for two referees who we may wish to contact)

Name

Name

Address

Address

Please return this form to: Personnel Officer, Ethical Consumer Research Association, Unit 21,
41 Old Birley Street, Manchester M15 5RF or email to enquiries@ethicalconsumer.org