

APPLICATION FORM FOR TAKING PART IN VOLUNTEER WORK PROGRAMMES FOR THE EDUCATIONAL SERVICES DEPARTMENT

First Name and Surname			
Address			
Telephone		Mobile Phone	
e-mail			
Date and Place of Birth			

Indicate your current employment status	<input type="checkbox"/> Full-time employment	<input type="checkbox"/> Full-time student
	<input type="checkbox"/> Part-time employment	<input type="checkbox"/> Part-time student
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Other
	<input type="checkbox"/> Retired	

Indicate your weekly availability	Morning	Afternoon	Available Hours
Monday	<input type="checkbox"/>	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	

Languages you speak
Level of fluency

Have you done any volunteer work previously? Where?

c e n t r o d e
a r t e s v i s
u a l e s f u n
d a c i ó n h e
l g a d e a l v
e a r C Á C E R E S

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Why would you like to be a volunteer at the Visual Arts Centre?

What do you think you could contribute to this volunteer programme?

Tell us more!

Tell us anything else you think we should know about you.

Signed _____

Date _____