VIVA ISLAM VOLUNTEER APPLICATION

1 Contact Information

Name:	D O B:	
Street Address:	Male □	Female □
City:	Postal Code:	Country:
Home Phone:	Mobile Phone:	
E-Mail Address:		
2 Special Skills & Qualifications		
Summarize special skills and quality	fications you have acquired from en	nployment, previous voluntee
work or through other activities, incl	•	
Do you have a D1 Driving License (mini bus)?	
How many days and hours (weekly	or monthly) are you able to commit?	
Do you have any ariminal conviction	v(a) (a DBS abook will be done)?	
	n(s) (a DBS check will be done)? not necessary mean you cannot volur	
	,	,
3 Employment Status		
What is your current employment st	atus?	_
Have you any professional qualification	tions and what are they?	
Any other information.		
Any other information:		

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(England & Wales)

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Have you any health issues that might affect what type of volunteering you can do? (Some of the work can be physical)				
4 References Please give the following inf	ormation of two persons to gi	ve references for you		
Name:				
Street Address:				
City:	Postal Code:	Country:		
Home Phone:				
Mobile Phone:				
E-Mail Address:				
Name:				
Street Address:				
City:	Postal Code:	Country:		
Home Phone:	'	'		
Mobile Phone:				
E-Mail Address:				
5 Person to Notify in Case of Emergency				
Name:				
Street Address:				
City:	Postal Code:	Country:		
Home Phone:				
Mobile Phone:				
E-Mail Address:				

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I certify that the information I have given is to	rue and accurate to t	he best of my knowledge	
Name:			
Signature:		Date:	
Thank you for taking time to fill this form out. Volunteer Manager and Management Comm	-	-	
For Management Committee/Volunteer M	anager Use		
Date received by Member of Management C	Committee/Volunteer	Manager:	
Interview Date Arranged:			
Interview Notes			
Signed interviewer:	Date:		
DBS form/ID received: DBS form/ID sent off	:		
DBS certificate received:	Acceptable □	Not acceptable □	
Date discussed by Management Committee	:	Start Date:	
Further Action/Recommendations			
Signed Chair of Management Committee:		Date:	
Please e mail completed form to: info@vivai	slam.com		
Or by post to: VIVA ISLA	VIVA ISLAM, 19 – 21 Crawford Street, Suite 720, London, W1H 1		

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