VOLUNTEER INFORMATION

christian partners in africa

Thank you for showing an interest in volunteering with CPA. We greatly value our volunteers and want to ensure your time serving CPA is well spent. Please complete this form in order that we can know you better and best place your skills and expertise.

CONTACT	DETAIL	S									
Title:			First Name:			Surname:					
14-18 yrs			19-30 yrs			31-55 yrs			56 & over		
Email addre	ess:		I			I	l		I		
Home number:					Mobile:						
Address:											
						Postcode:					
AVAILABIL	ITY										
Anytime			Morning	rning		Afternoon			Evening		
Monday			Tuesday			Wednesday			Thursday 🔲		
Friday			Saturday			Sunday					
A block of t	ime bet	ween 1	the dates of:								
Other info:											
VOLUNTEE	RING O	PPOR	RTUNITIES (ti	ick as m	any as	you like!)					
Preparation for fundraising events			Helping at fundraising events			Hosting fundraising events			Speaking about the work of CPA		
Prayer Team			Schools Work			Driving (loca	ılly)		Driving (airports)		
Cleaning at the office			Counting money			Administration (filing/scanning etc)			Newsletter mail out		
Short-term trip to a project			Stock checks for White Nile			Selling beads at events			Hosting a bead party		

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SKILLS												
Building/ construction		Web skills		Graphic design		IT support						
Photography		Writing/editing		Working with children		Catering						
Other skills you have which may be useful to the work of CPA:												
OTHER INFORMATION												
Qualifications/previous experience relevant to voluntary role:												
		D.4.3										
How did you hear about CPA?												
When would you like to volumbe or for CDA?												
Why would you like to volunteer for CPA?												
Anything else you think we should know?												
Signed:				Date:								

For office use only: \square AF \square TY

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