**AGE CONCERN**

**Estepona and Manilva Branch**

**No 6203 Registro de Asociaciónes**

**Andalucia**

PLEASE WRITE CLEARLY IN PEN OR BIRO

**Name:**

**Date of birth:**

**Nationality:**

**Address:**

**Tel/mob: email:**

**NIE or Passport number:**

**Are you in reasonable health?**

**Do you have a clean driving licence?**

**Do you own or have use of a car?**

**Have you worked as a volunteer before?**

**If yes: a. In what capacity and what did it entail?**

 **b. For how long? Please give dates.**

 **c. Why did you decide to volunteer?**

 **d. Why did you decide to leave?**

 ***PTO***

**Have you worked with the elderly or in your community before?**

**What do you feel you have to offer as a volunteer?**

**Do you speak a second language other than English?**

**What do you expect to achieve for yourself from volunteering?**

**How many hours per week/month can you work?**

**Please give names, addresses and emails of two referees (not relatives)**

 **1. name:**

 **address:**

 **email:**

 **2. name:**

**address:**

 **email:**

**Signed: date:**

Please complete this form and return to:

info@acestepona.info or secretary@acestepona.info

or send to: Registered Office

 Age Concern Estepona y Manilva

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