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| AA_logo |

# Charity Advocate Application

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | County | Postcode |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

Current Occupation:

## Volunteering

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| Have you ever volunteered with any other charity?  If yes, where and in what capacity?  Other previous relevant work/  volunteering experience and hobbies. |

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## References

Please list two referees who are not directly related to you and have known you for at least two years.

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| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |

## Allegra’s Ambition

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| --- | --- | --- | --- |
| How did you hear about volunteering with Allegra’s Ambition?  Why are you interested in becoming a Charity Advocate for Allegra’s Ambition? |  |  |  |
|  |  |  |  |

## Contact

Please complete this application form as fully as possible.

If you have any questions about this form or about volunteering with Allegra’s Ambition please contact us by email at info@allegrasambition.org.uk

## Disclaimer and Signature

I confirm that the information given on this form is complete and correct and understand that any information later discovered to be incorrect may result in the termination of any volunteering arrangements made.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |