# ANNEX I - VOLUNTEER INFORMATION SHEET

(Sector Post Name)

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**ASK:**

**“ARE THE OTHER MEMBERS OF YOUR FAMILY SAFE AND WELL”?**

Name:

Address:

Contact Numbers: (H) Phone:

 (W) Phone:

 Mobile: ( )

 Fax:

 Pager: ( )

Skills: (Example) Plumber/Electrician/Clerk/Manager/Driver/Receptionist/Nurse etc.

When and how along will you be available for?

Do you have your own transport?

(Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_. What is it?

Do you need any help or assistance?

If so WHAT?

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NEXT OF KIN DETAILS

Name:

Relationship:

Address:

Contact Number(s):

**INFORMATION**

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