



Volunteer Application Form

Thank you for your interest in volunteering for Cornwall Air Ambulance Trust. Please fill in the form below and return to *Volunteering, Cornwall Air Ambulance Trust, Trevithick Downs, Newquay, Cornwall, TR8 4DY.* Alternatively you can apply online at www.cornwallairambulancetrust.org/volunteer

Name:

Address:

..... **Postcode**

Telephone: **Email Address:**

How would you prefer to be contacted? Phone Email Post

I am interested in: (please tick as many as you like!)

- Charity jar collecting
- Steward/information point at events
- Cheque presentation speaker
- Volunteering in the Charity HQ office
- Being an ambassador in my community/company
- Other (please specify)

Volunteering at a shop (please circle from below):

- | | |
|----------|------------|
| Penzance | Truro |
| Saltash | Wadebridge |
| Helston | St Austell |
| Camborne | Newquay |

On Which Days Would You Like To Volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please add any other useful information about when you would like to volunteer:

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Do you have any skills you feel may be useful to us?

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