

APPLICATION FORM FOR VOLUNTEERS

NAME IN FULL

DATE OF BIRTH (dd/mm/yy)

MALE / FEMALE

MAILING ADDRESS

TELEPHONE

MOBILE

EMAIL

QUALIFICATION

PERIOD OF VOLUNTEERING

FROM:

TO:

TICK YOUR CHOICE

VOLUNTEER
INTERNSHIP
MEMBER OF LCHR RESOURCE TEAM
MEMBER OF LCHR ASSOCIATE
MEMBER OF LCHR STAFF

AREA OF INTEREST

(Please indicate the 4 issues you are most interested in working on in order of preference)

- 1.
- 2.
- 3.
- 4.

HOW DID YOU LEARN ABOUT LCHR?

WRITE IN BRIEF (ABOUT 300 WORDS) DESCRIBING YOU AND YOUR INTEREST IN WORKING FOR JUSTICE AND HUMAN RIGHTS