

VOLUNTEER FORM

Law Students



1. APPLICATION DETAILS

TITLE: MR MS MRS

SURNAME: _____ FIRST NAME/GIVEN NAMES: _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE

RESIDENTIAL ADDRESS: _____ POST CODE: _____

EMAIL: _____

PHONE NUMBER: _____

2. EDUCATION DETAILS

NAME OF UNIVERSITY/INSTITUTION: _____ DEGREE: _____

ADDRESS: _____ YEAR OF DEGREE: _____

CONTACT PERSON: _____ PART TIME/FULL TIME DEGREE: _____

PHONE NUMBER: _____

3. WHAT ACTIVITIES WOULD YOU LIKE TO VOLUNTEER IN?

LEGAL CONSULTATIONS

RESEARCH & AWARENESS ACTIVITIES

3. COMMITMENT HOURS

PART TIME

FULL TIME

4. TERMS AND CONDITIONS

I DECLARE THAT THE INFORMATION PROVIDED IN THIS FROM IS TRUE AND CORRECT.

SIGNATURE: _____

DATE: _____