

Volunteer Questionnaire

Last name	
First name	
Phone number	
Email address	
Please tell us a little about your interests, skills and work history	
Please tell us a little about why you would like to volunteer with Wellink	
Please tell us a little about the things you'd like to help us out with	

Please send your completed form to:

Volunteers
Wellink Trust
P.O. Box 6516
WELLINGTON 6141