**Booking Form**

**Volunteer Management Clinic**

**Strengthening Communities Through Volunteering**

**Friday 5th August: 11am – 1pm**

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| --- | --- | --- | --- |
| **Name** |  | | |
| **Organisation** |  | | |
| **Address**  **Including Post code** |  | | |
| **Phone** |  | | |
| **Email** |  | | |
| **How many paid staff does your organisation have?** |  | | |
| **How many volunteers does your organisation have?** |  | | |
| **The session takes 45 minutes and will be run on Zoom. Have you used Zoom before? Do you need any technical support before the session?** |  | | |
| **What area/s of the volunteer management would you like to cover in this session?** |  | | |
| **What is your level of knowledge on this subject?** | A: Very Little |  |  |
| B: Average |  |
| C: Good |  |

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