

VOLUNTEERS APPLICATION FORM

Surname:

Address:

Forename:

Tel: (Work)

(Home)

Email:

Occupation:

Educational details:

Type of volunteering work interested in: (*Please circle*)

Interpretation work – Oral / Written

Home / Hospital visiting

Telephone Helpline

Administrative work: (Please specify, i.e. filing, data entry, photocopying etc)

Fundraising

Health promotion

Conducting classes & activities

Producing written materials

Project events

Internet café

Others: (Please specify)

What languages or dialects can you speak?

Are there any additional skills / expertise you are able to bring the Centre?

Why are you interested in volunteering at the CNHLC?

What days/time are you available?

Do you have the means to go to other regional locations (i.e. Coventry, Leeds, Manchester etc)? And are you willing?

Please give names and addresses of two referees

1. Name

Address:

Tel:

2. Name:

Address:

Tel:

Because of the nature of the work for which you are applying, this post is exempted from the Provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974. You are not entitled to withhold information about convictions, which for other purposes are 'spent' under the provisions and only considered in connection with the application for this post. Any information given will be completely confidential.

Do you have any previous convictions? Yes / No

If yes, please give details:

Signature:

Date:

Office use

Please tick when explained

Data Protection Act

Health & Safety

Equal opportunities