A logo with a check mark and a house

AI-generated content may be incorrect.

VOLUNTEER Application FORM

Name: Phone: (H) (M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact in Emergency: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# *Skills and Interests*

Educational Background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hobbies, Interests, Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IS THERE A PARTICULAR TYPE OF VOLUNTEER WORK IN WHICH YOU ARE INTERESTED? (*Tick all that apply*)**

No preference Administration

Working with Elderly Sitting Service

Working in Day Centre

**IS THERE A CLIENT OR GROUP WITH WHOM YOU ARE PARTICULARY INTEREST IN WORKING? (*Tick all that apply)***

No Preference Elderly Males Females

# *Availability*

# AT WHAT TIMES ARE YOU INTERESTED IN VOLUNTEERING? \_\_\_Monday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language(s) do you speak?

Do you have any criminal conviction you need to tell us about that would preclude you from working in particular areas. All information give to us will be kept confidential. Yes / NO ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Yes (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# *References*

**NAME AND PHONE NUMBERS OF TWO PERSONAL REFERENCES:**

Name: Phone:

Name: Phone:

Please return this form to: Naheed Kausar, Dhek Bhal, 43 Ducie Road, Barton Hill, Bristol, BS5 0AX