

## VOLUNTEER APPLICATION FORM

<b>NAME:</b>	<b>TITLE: (Mr, Mrs, Miss, Ms)</b>
<b>ADDRESS:</b>	
<b>POSTCODE:</b>	
<b>TEL. Nos: HOME:</b>	<b>MOBILE:</b>
<b>EMAIL:</b>	
<b>DATE OF BIRTH:</b>	

<b>EMERGENCY CONTACT DETAILS: (Name, Relationship, Telephone Nos.):</b>

### PREVIOUS WORK EXPERIENCE:

(Please include any voluntary work or training during the past 5 years, starting with the most recent).

<b>Name of Organisation:</b>	<b>From:</b>	<b>To:</b>	<b>Employed/voluntary:</b>	<b>Reason for Leaving:</b>

### TIMES AVAILABLE:

(Please indicate as to when you are available - days and hours).

--

**ARE YOU AVAILABLE TO ATTEND OCCASIONAL TRAINING SESSIONS? YES/NO**

**DO YOU HAVE ANY HEALTH CONCERNS OR DISABILITIES THAT COULD AFFECT YOUR VOLUNTARY WORK?**

(If Yes please specify).

--

**HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OR ARE YOU SUBJECT TO ANY CRIMINAL PROCEEDINGS AT PRESENT?**

(Please note that minor motoring offences need to be disclosed. If the answer is yes, please enclose details in a separate envelope marked 'confidential'. Any information will be treated in the strictest confidence). **YES/NO**

**PLEASE TELL US ABOUT YOUR HOBBIES/INTERESTS:**

--

**PLEASE PROVIDE THE NAME OF TWO REFEREES WHO ARE ABLE TO PROVIDE A CHARACTER REFERENCE:**

REF. 1	REF. 2
NAME:	NAME:
ADDRESS:	ADDRESS:
CONTACT TEL. NO.	CONTACT TEL. NO.
EMAIL:	EMAIL:

**IN WHAT CAPACITY DO THEY KNOW YOU?**

REF.1	REF.2

**HOW DID YOU HEAR ABOUT SENIOR SOLUTIONS?**

--

**SIGN:**

**DATE:**

**Thank you for your interest in joining Senior Solutions. Please return this form to:  
Rebecca Moulton – Volunteer Coordinator.  
Senior Solutions, Winifred Kettle Centre, Washacre, Westhoughton, Bolton BL5 2NG.  
OR EMAIL TO: [seniorsolutions55@gmail.com](mailto:seniorsolutions55@gmail.com)**