

## **Volunteer Application Form**

Preferred Title (e.g.				
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Mr/Mrs/Miss)				
,				
Full Name				
Address				
Post Code				
1 031 0000				
5				
Phone Number		Mobil	e Phone	
Email Address			·	
2.11a.1.7.taa.1888				
Dolo you are applying for				
Role you are applying for				
(Include Ref Number)				
Are you a car driver? (Y/N	l)	Are you a car own	er? (Y/N)	
Do you have a clean drivi	na	Would you be inte	rested in driving	
	19	_		
license? (Y/N)		company vehicles		
Are you a current or previ		Have you previous		
service user of Creative S	upport?	volunteered with C	reative Support?	
(Y/N)		(Y/N)		
( . , . ,		( )		
When are you available?	( <b>√</b> )			
When are you available?			_	
	(✓) Morning	Afternoon	Eve	ening
When are you available?  Monday		Afternoon	Eve	ening
Monday		Afternoon	Eve	ening
Monday Tuesday		Afternoon	Eve	ening
Monday Tuesday Wednesday		Afternoon	Eve	ening
Monday Tuesday Wednesday Thursday		Afternoon	Eve	ening
Monday Tuesday Wednesday		Afternoon	Eve	ening
Monday Tuesday Wednesday Thursday Friday		Afternoon	Eve	ening
Monday Tuesday Wednesday Thursday Friday Saturday		Afternoon	Eve	ening
Monday Tuesday Wednesday Thursday Friday Saturday Sunday	Morning			
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Monday Tuesday Wednesday Thursday Friday Saturday Sunday  1) Do you have any relevel languages you can speak	Morning ant professional o	qualifications, e.g. N	/Qs? Please also tel	I us about any
Monday Tuesday Wednesday Thursday Friday Saturday Sunday  1) Do you have any relevation	ant professional of about why you v	qualifications, e.g. N	/Qs? Please also tel	l us about any

3) Please tell us about any skills or talents that you have that might be relevant to the role. We are also
interested to hear about any other skills that you have that might benefit our service users.
interested to fred about any other entire that you have that might benefit our convice decre.
4) Creative Support values all volunteers for the range of skills and abilities they can bring, regardless of any disabilities or health conditions. If we can make any changes to our working environment to suit
your needs, we will aim to do so. Please give us details below of any disabilities or health conditions
and an indication of the type of support you would need:

5) Have you ever volunteered before? Please tell us a bit about your last/current voluntary position below. If you have never volunteered before, please tell us about your last/current job:					
Next of Kin/Emergency	y Contac	ct Details			
Contact Name					
Contact Address					
Address					
Postcode					
Contact Number		Relations	hip		
Contact Email					
		ed or worked before, please	tell ı	us about any other experience that yo	u
feel might be relevant:					
				sheet if necessary. Any previous	
				Creative Support, but you need to decl will be paid for by the company. If you	
need any more informa	ation abo	out this, please ask the pers	son w	ho gave you this form.	
Please tell us how you	heard a	bout our volunteer scheme	? (✓)		
Through our website		Referred by Creative Support's recruitment		Referred by social worker/key worker	
		department		MOLVEI	

Through a volunteer website (please specify)	Through another website (please specify)	Through college/university (please specify)

## References

In order to volunteer with Creative Support you will need to provide contact information for two references. The references cannot come from anyone related to you, and the person should have known you for at least two years. Ideally we would like references from;

- Previous/current employers
- Previous/current supervisors of voluntary work
- Ex/current teachers, lecturers or work placement supervisors

If none of the above are available, we will also accept references from:

- Doctors, social workers or other health/social care professionals
- Religious leaders
- Community Leaders

Please note that we cannot process your application without two references.

You can discuss your references, or any issues you have with obtaining references with our Volunteer Management Team by calling **0161 236 0829** or by emailing **volunteer@creativesupport.co.uk.** 

Reference 1	
Company/Organisation/Group	
Name	
Position	
Address	
Postcode	
Telephone	
Email	
Reference 2	

Reference 2	
Company/Organisation/Group	
Name	
Position	
Address	
Postcode	
Telephone	
Email	