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| **Volunteer Application Form** | **HW_Enfield_A4_RGB** |

**If you need a large print version of this form or you need help to fill it in, please phone the Volunteer Coordinator on 020 8373 6283**

**If you fill in the form by hand, please write clearly! Thank you**

**If you are typing, the boxes will expand as you type.**

|  |  |
| --- | --- |
| **Position Applied for** |  |
| **First Name** |  |
| **Surname** |  |

|  |  |
| --- | --- |
| **First Line of Address** |  |
| **Street** |  |
| **City/ Town** |  |
| **Postcode** |  |

|  |  |
| --- | --- |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **E-mail Address** |  |

|  |  |
| --- | --- |
| **Date of birth** |  |
| **Are you fluent in any other language in addition to English?**  |  |
| **Do you have any support needs?** |  |

**How much time do you have available, please indicate**

|  |  |
| --- | --- |
| **A few hours per week** |  |
| **A few hours per month** |  |
| **A few days per month** |  |

**Please can you give a brief summary of why you are interested in volunteering with Healthwatch Enfield?**

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|  |

**When are you available to volunteer?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day of the Week** | **Morning** | **Afternoon** | **Evening** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  |  |

|  |
| --- |
| **SKILLS, KNOWLEDGE AND EXPERIENCE** |
| Please use this space to demonstrate clearly, with examples, how your skills, knowledge and experience meet the requirements for the particular volunteering post.*(Use* ***ONE additional piece of paper if needed)***  |
|  |

**references**

Please give the names and contact details of two people who can provide a reference for you. The referees need to have known you for at least one year and cannot be a member of your family. If you are a student, please provide contact details of a teacher at your school or college. If you are not able to provide two references, or you have any other queries, please phone the Volunteer Coordinator on 020 8373 6283

**Please remember to ask your referees for permission before you give their names.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Name** |  |
| **Job Title**  |  | **Job Title**  |  |
| **Organisation** |  | **Organisation**  |  |
| **Address**  |  | **Address** |  |
| **Telephone**  |  | **Telephone** |  |
| **E-mail Address** |  | **E-mail Address** |  |
| **Relationship to you** |  | **Relationship to you** |  |
| **How long has this person known you?** |  | **How long has this person known you?** |  |

**Volunteer Declaration**

**I confirm the information I have provided is accurate.**

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

 **Please return completed application by email to:** **admin@healthwatchenfield.co.uk**

**or by post to:** Volunteer Coordinator**,** Healthwatch Enfield**,** 311 Fore Street, London N9 0PZ

Mark your envelope **Private and Confidential**