

VOLUNTEER APPLICATION FORM – Strictly Confidential

NAME _____ Mr/Mrs/Miss/Ms)

Address (incl postcode) _____

Date of birth _____ Tel. No. (home/work) _____

Email address _____

Qualifications and/or skills _____

What times are you able to volunteer? _____

Interests and hobbies _____

Do you have transport available? Yes / No

Do you smoke? Yes / No

Do you like household pets, eg.cats/dogs Yes / No

How did you hear about the Visiting Service? Online / newspaper / health professional / leaflet / friend

Other (give details) _____

References

Please give the names and addresses of two people (not related to you) who could supply a written reference for you, if asked to do so:

Referee 1

Referee 2

NAME	NAME
Address (& postcode)	Address (& postcode)
Email	Email

Signature of Volunteer _____

Date of application _____