

Woolton Community Life

**Volunteer Befriending Service**

Bringing people together

Registered Charity Number 1159642

Woolton Community Life, St Mary’s Presbytery, Church Rd, Liverpool, L25 5JF.

🕿: 07709418533 Email: wooltoncl@gmail.com

[www.wooltoncommunitylife.co.uk](http://www.wooltoncommunitylife.co.uk)

**Please note that all information given on this form will be treated in the strictest confidence**

APPLICATION FOR VOLUNTARY WORK

Surname: Forename(s):

Mr/Mrs/Miss/Ms Date of birth:

Address:

Post Code:

Contact number(s):

Email address:

**VOLUNTEER ROLE - HOW CAN YOU HELP?**

|  |  |
| --- | --- |
| BEFRIENDER | |
| ***Can you help with any of the following?*** | YES or NO |
| Visitor |  |
| Telephone Friend |  |
| Driver |  |
| Skills share/activities |  |
| **ADMINISTRATIVE/OTHER** | |
| ***Can you help with any of the following?*** | **YES** or **NO** |
| I.T. (i.e. powerpoint,excel,database etc) |  |
| General Administrative Activities |  |
| Minute Taker |  |
| Fundraising Activities |  |
| Support Marketing Activities |  |
| Communications (Help us write our Volunteer Newsletter. Support presentations and communications.) |  |

Please give brief details of your present or former occupation(s) and any previous relevant voluntary work or experience:

What are your main hobbies and interests? Do you have any particular skills or interests that you feel may be helpful?

Do you have a full Driving Licence and access to a car for transport **Yes or No**

Are you in good health? Yes or No? If **No** please give details:

**Rehabilitation of offenders Act**

As you will be working with vulnerable people, you are obliged to disclose any criminal offences of which you have been convicted, even though they may be considered ‘spent’. Any information given will be completely confidential.

If you disclose a criminal offence, it will not necessarily stop you being accepted as a volunteer.

Have you ever been convicted of any criminal offence? **YES or NO**

If **YES** please give details:

How did you hear of the work of Woolton Community Life?

Is there anything else you would like to add to this application? (Please use this space and continue on another sheet of paper if necessary).

**REFERENCES**

**(Our preferred way of contact is by email)**

Please give the name, address, email and contact number of **TWO** people who would be willing to give a reference. **These should not be people related to you.**

1. Name:

Address:

Post Code:

Email:

Telephone

1. Name:

Address:

Post Code:

Email:

Telephone

**DECLARATION I certify that, to the best of my knowledge and belief, the information given on this application is correct.**

Signed Date

Print Name

Please complete and **EMAIL** or return to Woolton Community Life, St Mary’s Presbytery, Church Road, Liverpool. L25 5JF. Any queries please telephone 07709418533