

Volunteer Application Form



CONFIDENTIAL

OUTREACH VOLUNTEER APPLICATION FORM

Name: _____ (Mr/Miss/Mrs/Miss)

Address: _____

Postcode: _____

D.O.B.: ____ / ____ / ____ **Telephone number:** _____
(Home/work/mobile)

Email: _____

Skills and experience

Please tell us about the skills you have gained through employment, voluntary work, hobbies and/or domestic responsibilities. Such as working with or caring for adults or children, or roles in administration.

Have you ever been refused any voluntary work?.....

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Please explain why you wish to become a volunteer for Medway Asthma Self-Help (MASH). Indicate each reason with a number and continue on a separate piece of paper if required.

Please turn over the page

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References

Please give the names and addresses of two people who we may ask for a reference. If you have been employed (not self-employed) during the last three years one of your references should be from your most recent employer. If at school one should be from a school teacher.

Reference 1

Name: _____ Mr/Mrs/Miss/Ms

Address: _____

_____ Postcode: _____

Tel No: _____ (Home/work/mobile) Email: _____

In what capacity do you know this person? _____

Reference 2

Name: _____ Mr/Mrs/Miss/Ms

Address: _____

_____ Postcode: _____

Tel No: _____ (Home/work/mobile) Email: _____

In what capacity do you know this person? _____

Outreach

Are you able to fill in at short notice? Yes/No

Are there any days you are unable to volunteer? _____

Centre opening hours

Monday 9.00 am – 12 noon

Thursday 5.00 pm – 8.00 pm

Friday 2.00 pm – 5.00 pm

Please now sign and date this form and return to MASH.

Signed: _____ **Dated:** _____

If you are under 18 please ask your Parent or Guardian to sign below:

Signed: _____ **Dated:** _____

Name in Print: _____