

Volunteer Application Form (Please complete in block capitals)			
Name:		Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	
Address:		Email :	
		Telephone:	
		Mobile:	
		Date of Birth:	
How did you hear about us?			
Why does a volunteer role at Tapestry appeal to you? (about 100 words)			
.....			
Other volunteering experience and interests: (about 100 words)			
.....			
Experience and skills: (about 100 words)			
.....			
Current Employment Status (please tick relevant box)			
<input type="checkbox"/> Employed <input type="checkbox"/> Job Seeker <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not employed <input type="checkbox"/> Other			
Emergency contact			
Name:			
Address:			
Post Code:		Relationship:	
Telephone:		Mobile Number:	

Which role(s) are you interested in?

<input type="checkbox"/> Administrative Support	<input type="checkbox"/> 'My Health Matters' Health Champion
<input type="checkbox"/> Befriending (Home / Telephone)	<input type="checkbox"/> Odd Job
<input type="checkbox"/> Day Centre Support	<input type="checkbox"/> Perky Pensioners
<input type="checkbox"/> Dementia Clubs	<input type="checkbox"/> Post Collections
<input type="checkbox"/> Escort Day Trips	<input type="checkbox"/> Reception / Office
<input type="checkbox"/> Mini Bus Driver	<input type="checkbox"/> Retail Assistant

Availability: When are you available to volunteer?

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Transport : (Please tick box)

Do you have your own transport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Freedom Pass?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold a current Driving Licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your insurance and MOT up to date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

References:

Please give names of 2 referees (preferably your current / most recent employer) who have known you at least 2 years: Please do **not** use relatives.

Reference 1	Reference 2
Name:	Name:
Address:	Address:
Post Code:	Post Code:
Email:	Email:
Telephone:	Telephone:
Time known:	Time known:
Relationship:	Relationship:

Declaration: Please Sign

Signature:	Date:
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Please send completed forms to:

**Tapestry, HOPWA House
Inskip Drive, Hornchurch RM11 3UR**

N.Hunter@tapestry-uk.org

Telephone: 01708 438931: Registered Charity 1079969