**Volunteer Application Form**

**Please complete clearly using block capital letter or type in black ink, continuing on separate sheets where necessary.**

**Thank you for taking time to complete this application form. If you need any help or guidance, please feel free to contact us on 020 8296 5611**

Position applied for:……………………………………………………………………………………………….

Please explain why you would like to volunteer at Sutton Carers Centre:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Personal Details**

Title: ………………………………………………………………………………………………………………...…….

First name(s): ………………………………………………………………………………………………………………………

Surname: ………………………………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………...………….

………………………………………………………………………. Postcode:………………………………..

Contact telephone numbers:

Home: ……………………………………………………………… Mobile: …………………………………

E-mail address: ………………………………………………………………………………………………………..

Where did you hear about this role: ……………………………………………………………………………….........................................

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Times available to volunteer – please tick | | | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |

Do you own a car that can be used in your volunteer role? Yes / No

Do you hold a full driving license? Yes / No

Do you have a mini-bus driving license? Yes / No

**Work History**

Please provide details of any employment and or voluntary work you have done – starting with your most recent. Please explain any gaps in employment history, continuing on a separate sheet if necessary.

**Current and past positions:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation** | **Position/Role** | **Dates From - To** | **Brief Description of Duties/Role** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Personal Statement**

Please read the description of tasks that we would very much appreciate your help with! If you can, please use examples to show how your knowledge, skills and experience can help Sutton Carers Centre provide an invaluable service to Carers. You may want to talk about your relevant experiences, including paid employment, other voluntary work, family experiences and leisure activities. We will provide training in your role, so if you have a real interest or aptitude for a particular area, please also state this, as previous experience is not always necessary. If needed, please continue on a separate sheet.

|  |
| --- |
|  |

References

Please provide details of two referees, one of whom could provide a work or school reference, and one a character reference, from someone who knows you well. Referees cannot be related to you.

Referee 1

Name:………………………………………………………………………………………………………………

Address:……………………………………………………………………………………………………………….……………………………………………………… Postcode:……………………………………………

Occupation: ……………………………………….. Daytime telephone number:.….……………………...

E-mail: ……………………………………………... How do you know him/her? ……………………….…

Referee 2

Name:………………………………………………………………………………………………………………

Address:……………………………………………………………………………………………………………

…………………………………………………….. Postcode: ………………………………......................

Occupation: ………………………………………. Daytime telephone number: ………………………….

E-mail: …………………………………………….. How do you know him/her? ………………………….

Sutton Carers Centre is committed to safeguarding and promoting the welfare of vulnerable adults and children and expects all volunteers to share this commitment. Voluntary roles are subject to a satisfactory DBS checks and other appropriate checks.

Sutton Carers Centre is an equal opportunities employer, and welcomes applications from volunteers who reflect our diverse community.

*I declare that the information given in this application is, to the best of my knowledge, complete and accurate. I understand that if any information is found by Sutton Carers Centre to be inaccurate, this may lead to the rejection of my application or immediate dismissal.*

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your application and interest in our organisation, which could not run without the support of Volunteers.**

Please return your completed form to:

Sutton Carers Centre,

Benhill House 1st Floor,

12-14 Benhill Avenue,

Sutton, Surrey,

SM1 4DA

Tel: 020 8296 5611  
Fax: 020 8296 5616  
Email: [enquiries@suttoncarerscentre.org](mailto:enquiries@suttoncarerscentre.org)