



Volunteer Application Form

If you have, any difficulties in completing this form then please contact us on 0115 9628920 extension 38 or 07860957571

Name:

Address:

Postcode:

Telephone number:

Mobile:

Email address:

Primary Mode of Transport (circle as Appropriate):

Car Bus/Walk Motorcycle Pushbike

If applicable, do you hold a full and valid UK driving licence? Yes/No

Do you have any Access needs: for example, large print, wheelchair access, personal assistant

When are you available to volunteer?

How did you hear about Carers Trust East Midlands Volunteer service?

www.carerstrustem.org/volunteer

E: volunteerservice@carerstrustem.org

T: 0115 962 8920 Extension 38

F: 0115 962 3110

19 Pelham Road | Sherwood | Nottingham | NG5 1AP

Charity registration number 1051649. East Midlands Crossroads – Caring for Carers is a company limited by guarantee Registered in England & Wales, registration number 3128681. Registered office 19 Pelham Road, Sherwood, Nottingham NG5 1AP. The Crossroads Care trademark is a collective mark.

Please give the name of someone we can contact should you be ill at work.

Person to contact in emergency: Contact numbers:

References please give names, addresses and telephone numbers of two people who can provide references for you

Name: Address: Telephone: email address: How is this referee known to you?	Name: Address: Telephone: email address: How is this referee known to you?
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SCHOOL / COLLEGE OR UNIVERSITY

Please tell us about the school, college or university you attended in the last two years

Name of school, college or university	Dates you started and finished and subject studied
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OTHER VOLUNTEER ROLES OR EMPLOYMENT

Please tell us the name of any organisation you have volunteered for or any organisation you have been employed by in the last two years

Name of organisation where you volunteered or worked	Month and year you started and finished volunteering or working for the organisation
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About you

Your likes dislikes hobbies, interests, why you want to volunteer and what you hope to achieve.

Declaration

I declare that all the information I have given on this form is true and accurate, to the best of my knowledge.

Signed:

Date:

Carers Trust appreciates all our volunteers and their valuable time they give to others. Volunteering is a rewarding experience for the volunteer and will make a huge difference to carers lives. Thank you for your support.

Please return the form to: Sue Cain Volunteer Co-ordinator
Via e-mail: Volunteerservice@carerstrustem.org

Or via Post: Sue Cain Volunteer Coordinator, Carers Trust East Midlands, 19 Pelham Road, Sherwood, Nottingham, NG5 1AP

When we have received your form, we will telephone you to invite you to come to the office to discuss our volunteer roles

www.carerstrustem.org/volunteer

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