

Volunteer Application Form



Making Change Happen

St. Andrew's Centre
Pike Drive
Chelmsley Wood
B37 7US

Tel: 0121 603 5576

Website:
www.solihulladvocacy.org.uk

Email:
office@solihulladvocacy.org.uk

Name:

Address:

Home Telephone:

Mobile Number:

Email:

Please explain why you are interested in volunteering?

Why would you like to volunteer with Solihull Action through Advocacy?

What skills, knowledge or experience do you have that would help you in your volunteering role?

What days and times are you available to volunteer? (please tick)

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

How many hours are you able to volunteer?

_____ hours per week or _____ hours per month

Where did you hear about Solihull Action through Advocacy?

Please provide the names and addresses of two people (not relatives) who have known you for at least one year who would be able to provide a character reference

Name:

Name:

Address:

Address:

How does this person know you:

How does this person know you:

CRIMINAL RECORDS BUREAU CHECKS

Due to new legislation from April 2002, every person working with vulnerable adults is required to be cleared by the Criminal Records Bureau. Because of the nature of this post, you will be asked to fill in a disclosure form. If Solihull Action Through Advocacy has concerns as to the effects a criminal record would have on your ability to do the job, these would be raised with you.

I am aware of the confidentiality of records and if accepted as a volunteer, pledge that I will hold in confidence all personal and official matters which may come to my attention. I will conduct myself in a responsible manner, following organisational policy and endeavour to contribute to the service of Solihull Action Through Advocacy.

SIGNED

DATE