

### **Volunteer Application Form**

### **Women’s Talk Group Facilitator**

If you any assistance completing this volunteer application form please contact us on 0207 607 9794.

YES, I am interested in volunteering with The Holloway Neighbourhood Group

|  |  |
| --- | --- |
| 1. Please state the volunteer post(s) that you are interested in: |  |

2. Your Contact Details (Block capitals, please)

|  |  |
| --- | --- |
| Your name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | | |
|  | | |
|  | | |
| POSTCODE |  |

|  |  |  |
| --- | --- | --- |
|  | Telephone Number: |  |
| Email: |  |

**Please indicate if you would prefer to be contacted by telephone or email:**

**Please outline your availability:**

3. If you have any qualifications, please write them here:

***please continue over . . .***

4. Please tell us about the skills and experience that will make you a good volunteer in this position. Remember to tell us about any work history or life experiences where you used those skills. Include unpaid work , volunteering and any caring responsibilities

**5. Because of the nature of our work with vulnerable people, we will apply for a DBS check for this position. Please indicate whether you already have an Enhanced Adult Workforce DBS certificate dated within the last 3 years and /or signed up to the Update Service**

**6. Please provide the names and addresses of two referees, one of whom should know you in a professional capacity if possible.** (block capitals):

|  |  |  |  |
| --- | --- | --- | --- |
| Referee 1 |  | 2 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address 1 |  | | 2 |  | | |
| POSTCODE: |  | POSTCODE: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone 1 |  | 2 |  |
| Email |  |  |  |

What is your relationship to the referees?

|  |  |  |  |
| --- | --- | --- | --- |
| 1 |  | 2 |  |

**7. I confirm that the information given on this form is correct to the best of my knowledge.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please return this form by email to: chelsey@hng.org.uk**

We are GDPR compliant, for our privacy policy please refer to [www.hng.org.uk/privacy](http://www.hng.org.uk/privacy)