

VOLUNTEER APPLICATION FORM—ADMINISTRATOR

A) PERSONAL DETAILS:

SURNAME: D.O.B

OTHER NAMES: Mr / Mrs / Miss Other.....

ADDRESS:

..... POSTCODE:

TELEPHONE: (Daytime) (Evening)

Mobile No.

Email address

B) AVAILABILITY:

Between what times are you available?

DAY	AM Start Time	AM Finish Time	PM Start Time	PM Finish Time	Evening Start Time	Evening Finish Time
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

E) HOBBIES / LEISURE INTERESTS:

Please describe your hobbies and leisure interests:

.....
.....

Briefly state why you wish to volunteer for Westway CT:

.....
.....

F) CHARACTER REFERENCES:

PLEASE GIVE THE NAMES AND ADDRESSES OF TWO REFEREES, WHO KNOW YOU WELL, BUT ARE NOT RELATIVES:

REFEREE 1

REFEREE 2

Name:

Name:

Address:

Address:

.....

.....

..... Postcode:

..... Postcode:

Occupation:

Occupation:

Telephone:
(Daytime).....

Telephone:
(Daytime).....

(Evening).....

(Evening).....

(Mobile).....

(Mobile).....

G) FINALLY:

It would help us if you could state below where you heard about volunteering for Westway Community Transport:

.....
.....
.....

Please return this form to:

Richard Yeatman
Westway Community Transport
240 Acklam Road
London
W10 5YG

Please phone **020 8968 2040** if you would like some help filling this form in, or if you require further information.

DECLARATION:

I declare that the details given on this form are correct to the best of my knowledge. I undertake to inform Westway Community Transport of any subsequent illness, condition or event which might affect my ability to volunteer. I understand that all information given will be treated in strictest confidence.

Signature _____

Date _____

For office use only:

Interview date _____ ***References received*** _____

Training _____

Review _____