

H) FINALLY:

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

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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 _____



VOLUNTEER APPLICATION FORM

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						

C) TYPE OF VOLUNTEER WORK YOU ARE INTERESTED IN:
For instance: Passenger Assistance, Assisting with Shoppers, Bus Cleaning, Office Work etc...

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D) OTHER RELEVANT SKILLS:

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E) GENERAL HEALTH

Please give information of any condition or disability you have or have had which may affect your ability to volunteer.

DETAILS:
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F) HOBBIES / LEISURE INTERESTS:

Please describe your hobbies and leisure interests:
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Briefly state why you wish to volunteer for Westway Community Transport::
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G) REFERENCES:

As you may be volunteering with some vulnerable members of society (i.e. older people, people with disabilities, special needs, children), we need to have adequate 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).....

A CRB check will be carried out for this voluntary position.
For people working with vulnerable groups, the Rehabilitation of Offenders Act (1974), Exemption order (1975) does not apply. You must declare below any convictions 'spent' or not. Please note: Disclosure of criminal convictions will not necessarily exclude you from becoming a volunteer. Please do not be put off applying!

CONVICTIONS	DATES
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