

KNOWSLEY CARERS CENTRE
VOLUNTEER APPLICATION FORM



Name: _____
Address: _____

Postcode: _____
Email: _____
Date of Birth: _____

Phone
Home: _____
Mobile: _____
Work: _____
May we contact you at work YES/NO
Emergency Contact:
Name: _____
Phone: _____

What are the main reasons that have motivated you to become a volunteer and what do you hope to gain from the experience?

Please give details of any qualifications, work or training you have undertaken that you think may be relevant

Please tell us something about yourself—any interests, life skills or experiences you have that you think may be relevant

What kind of voluntary work/activities would you like to do at Knowsley Carers Centre?

Do you hold a valid, clean driving licence? Yes No

Please provide the names, addresses and telephone numbers of two people (who are not relatives) who have known you well for at least 2 years and would be able to comment on your suitability for volunteering for us.

Do you agree to us stating your address on the reference request form YES/NO

Referee 1

Name: _____

Address: _____

Postcode: _____

Phone: _____

Email: _____

How does this person know you?

Referee 2

Name: _____

Address: _____

Postcode: _____

Phone: _____

Email: _____

How does this person know you?

As we work with vulnerable adults it may be necessary to conduct a CRB (Criminal Records Bureau) Check. Do you agree to this: Yes No

At what times and in which area would you be interested in volunteering?

Do you have any illness or disabilities which may restrict or limit your choice of activities?

I certify to the best of my knowledge that the information given is correct:

Signature: _____ Date: _____

Please return your completed form to : Gail Badley, Volunteer Coordinator,
Knowsley Carers Centre, 143 Bewley Drive, Kirkby, L32 9PE