

Please print this form and post to address below

Strictly Confidential

colchesterGAYswitchboard

VOLUNTEER APPLICATION FORM

Full Name

Permanent

Address

.....

.....

.....

Post Code.....Home Telephone.....

E-mail.....Work Telephone.....

This information will be kept on computer database in a confidential file

Occupation.....

Date of Birth.....Age.....

Are you Male.....Female.....Transgender.....

How do you describe your sexuality?.....

Are there any criminal offences recorded against you?

If so, please give details including dates.....

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(Please note that this information will be treated in strictest confidence and will not necessarily debar you from selection for training.)

Previous voluntary work experience

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Do you speak any other languages fluently? (inc.BSL/makaton/signs& symbols)

.....

Are you volunteering for:-

Helpline (Colchester) [] Social Group Host (Colchester /Chelmsford)

Other [].....

How many shifts in one month would you be available?

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Why would you be suitable as a volunteer with CGS?

(Include relevant knowledge and experience)

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We often require other practical or administrative tasks carried out. Have you any other skills you can offer colchesterGAYswitchboard?

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Hobbies and interests

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.....

REFERENCES

Please give the names and addresses of two people who have known you well for at least two years; but who are not related to you. We suggest that you ask them first if they are willing to be a referee.

Name..... Name.....

Address..... Address.....

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

Telephone..... Telephone.....
(optional) (optional)

for official use	
Date Requested - Received /	Date Requested - Received /
Scheduled Training Date.....	Confirmed attendance []

Signature..... Date.....

PLEASE RETURN YOUR APPLICATION FORM TO:
The Volunteer Co-ordinator Ref:NOA
colchesterGAYswitchboard
The Outhouse
19 East Hill
Colchester CO1 2QX