

# Volunteer Application Form

## Volunteer Programme

Thank you for your interest in our volunteer opportunity. Please complete this application form and send it for the attention of Helen Atwood, Head of Southwark Giving, to the address below or e-mail it to [helen@southwarkgiving.org](mailto:helen@southwarkgiving.org)

If you do not understand any of the questions below please call us on 020 7358 7020 and speak to our office.

<b>Title:</b>	<b>First Name:</b>	<b>Surname:</b>
<b>Address:</b>		
<b>Home Telephone:</b>		
<b>Mobile Telephone:</b>		
<b>E-mail:</b>		
<b>Volunteer Role:</b>		

1. Why do you want to volunteer?

2. Please read the **volunteer role description** and describe the skills, experience and qualities you have that will help you in the role.

3. What are you hoping to gain from volunteering?

4. What are your other interests?

5. Do you have any concerns about volunteering or require any additional support at all (i.e. do you lack confidence, experience depression etc)? We ask this question so that we are able to reassure you and provide any support needed to help make sure you get the most out of your volunteering experience.

6. We will request references from two nominated referees. Ideally they should have known you for at least two years. Please supply us with their name, address, telephone number, e-mail address and in what capacity the referees know you e.g. previous employer or family friend.

Name:

Address:

Telephone:

E-mail:

Relationship to you:

Name:

Address:

Telephone:

E-mail:

Relationship to you:

7. What days and times are you able to volunteer?

Day	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					