

Name			
Phone: (home)		(mobile)	
Address			
Post Code		email	
Emergency Contact		Phone	

Skills & Interests	
Current Occupation:	
Hobbies, Interests, Skills:	
Previous Volunteer Experience:	
Anything else you want us to know?	

What type(s) of volunteer work are you interested in? (tick all that apply)			
No preference	<input type="checkbox"/>	Working one-on-one with single client in their home	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	Having leadership responsibility for a hope trust event/activity	<input type="checkbox"/>
Leading a Residential Home service	<input type="checkbox"/>	Assisting with Residential Home services	<input type="checkbox"/>
Office Admin	<input type="checkbox"/>	Providing a one-on-one relationship with several people in a Residential Home setting	<input type="checkbox"/>
Other:			

Is there a client or group with whom you are particularly interested in working?					
Fit elderly	<input type="checkbox"/>	Elderly with physical impairment	<input type="checkbox"/>	Elderly with a mental impairment	<input type="checkbox"/>
Elderly with Dementia	<input type="checkbox"/>	No preference	<input type="checkbox"/>		<input type="checkbox"/>
Other:					

## Volunteer Application Form

Are there any groups you would not feel comfortable working with?		
NO	YES	

### Availability:

At what times are you interested in volunteering?			
Flexible		Prefer weekends	
Prefer daytime		Prefer evenings	
There are times during the week that I cannot do volunteer work:			

Do you have a geographic preference as to where you do volunteer work?		
NO	YES	

Do you have access to a car you can use for volunteer work?		
NO	YES	Occasionally

How did you hear about us?			
Advertisement		From client of the organisation	
Heard about us at a church service		Other:	
hope trust is a faith-based charity; are you able to commit to working in sympathy with those Christian beliefs, even if you do not share those beliefs yourself?			Yes / No
Are you linked into a local church? If so, which church? .....			

### References:

Please supply us with the name, address and phone number of two personal referees, one of whom should be from your local church, if you are linked to one:			
Name:	Address:	Phone:	
Name:	Address:	Phone:	

Signed: ..... Date: .....

Please note - Your name and contact information will be held securely on file by hope trust staff and used in a manner appropriate to your volunteer role. It will not be passed on to a third party and will be deleted once it is no longer relevant or accurate in accordance with our Privacy Policy.