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| VOLUNTEER ADVICE WORKER |
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| APPLICATION FORM |
| **Please return the completed application form BY EMAIL to*****jo@island-advice.org.uk*** |
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| **Personal Details and Current Circumstances** |
| Name |  |
| Address Include your **full** Post Code |  |
| GenderMale/Female |  |
| National Insurance Number |  |
| Home Telephone |  |
| Mobile |  |
| Email |  |
| Date of Birth and Age |  |
| Ethnic Origin |  |
| Do you speak any second languages; which ones |  |
| Are you currently claiming :Job Seekers AllowanceEmployment Support AllowanceIncome Support  |  |
| Are you working? Please state hours/days  |  |
| Are you a student? Please give details of days/times of training and when course ends  |  |
| Do you have any convictions? Some placement agencies require CRB checks |  |

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| **AVAILABILITY FOR VOLUNTEERING** |
| **How many days would you like to volunteer for ...........................**  |
| **Day** | **State times you are available between the hours of 9am to 5pm** |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| **Please give details of any previous employment (including voluntary work) State start/finish date, job title and brief details of duties/responsibilities** |
| You don’t need to complete this if you are attaching a CV and the information is stated in this |
| **Please give details of educational qualifications.**  |
| You don’t need to complete this if you are attaching a CV and the information is stated in this |
| **Please say why you are interested in advice work and state any interests, abilities or other information that you think would be relevant/useful to your volunteering as an advice worker** |
| To be completed by all applicants |
| **Do you have any additional support needs? This could be because of something like a disability or childcare/care responsibilities**  |
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| **Please give the name and address of one person that we can contact for a reference. This can be someone who knows you from work, college or your local community but should not be a member of your family.** |
| References: |
| Please attach your CV if you have one |
| **Signed** | *This form can be emailed without signature*  | **Date** |  |

Please note: any information that is found to be false will result in refusal or withdrawal of voluntary work placement