



Highway Hope , 1 Matthews Lane, M12 4QW

Volunteer Information							
Full Name		Title (Mr, Mrs, Ms, Dr, Other)			Mobile No.		
Address:							
					Postcode		
Please circle your age		Under 18	18-25	25-40	41-59	60-75	76+
Please state your age if under 18 years:							

Please complete this form and send it back as soon as possible, to allow us to arrange an interview.

Please indicate with a tick the type of voluntary work in which you are interested (Some areas are very popular - so it is best to tick a few options)			
<input type="checkbox"/> Arts & Crafts		<input type="checkbox"/> Graphic designs	
<input type="checkbox"/> Bead Making		<input type="checkbox"/> Health Education & Checks	
<input type="checkbox"/> Book keeping		<input type="checkbox"/> Life Long Learning	
<input type="checkbox"/> Cafe		<input type="checkbox"/> Man & Van Services	
<input type="checkbox"/> Charity Shop		<input type="checkbox"/> Mental Health counseling & support	
<input type="checkbox"/> Clerical		<input type="checkbox"/> Music School	
<input type="checkbox"/> Community Events		<input type="checkbox"/> Online Marketing	
<input type="checkbox"/> Community Reporting		<input type="checkbox"/> Reception	
<input type="checkbox"/> Decorating/DIY		<input type="checkbox"/> Social Media – FB, Twitter, Instagram mgt	
<input type="checkbox"/> Driving		<input type="checkbox"/> The CHIPS Night- A weekly Dinner Club, serving Healthy meals	
<input type="checkbox"/> Fitness & Exercise		<input type="checkbox"/> Tuition Classes & Supplementary School	
<input type="checkbox"/> Food Shop		<input type="checkbox"/> Website Management	
<input type="checkbox"/> Fund raising		<input type="checkbox"/>	
<input type="checkbox"/> Furniture Shop		<input type="checkbox"/>	
<input type="checkbox"/> Gardening		<input type="checkbox"/>	
Any further comments related to chosen areas to volunteer			

Employment Status		Please state your working hours	
If working please state your occupation			

Experience: Please write below any voluntary work or relevant experience you may have.

Health: How would you describe your health?				
Good		Fair		Poor
Please tell us about any disabilities which may affect your volunteer placement				

<p>Skills: Do you have any specialist skills, interesting hobbies which may be of use in Highway Hope.</p> <p>e.g. Baking, Woodworking, Crafts, Playing the Piano, Singing, 1st Aid, Foreign Languages (non- English) spoken or written.</p>

Why do you wish to volunteer at Highway Hope?
How did you hear about volunteering for us?

References

Please provide us with two referees who have known you for at least five years whom we may contact.

Note Referees should not be a family member, employees or volunteers currently working for Highway Hope

Title (Mrs, Mrs, Ms, Dr)		Full name	
Relationship		Contact Number	
Address			
			Postcode

Title (Mrs, Mrs, Ms, Dr)		Full name	
Relationship		Contact Number	
Address			
			Postcode

Please ensure you ask permission from these referees beforehand.

Criminal Convictions:

Owing to the vulnerability of some people using the centre , it is necessary for yu to disclose any criminal convictions.

Have you been convicted of any offence at any time?	
If yes please give details	

Name

Signature

Date

Equal Opportunities Form

We are very keen to draw on a genuine cross-section of the local community. Please complete the Equal Opportunities form, this allows Highway Hope to monitor this program.

Are you a British Citizen or an EU national?	Yes	No
If no: Do you have evidence of entitlement to enter and work in the UK	Yes	No

If no: what is our immigration status?	
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If no: How would you describe yourself?	Student	Visitor	Subject to Permit
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Male		Female	

Asian	Bangladeshi
Black (African)	Black (Caribbean)
Black (Other)	Chinese
Indian	Pakistani
White	Other

<u>Official Notes</u>
 Date Received -
Documents Received -
Directorate-