



VOLUNTEER APPLICATION FORM

Mr / Mrs / Miss / Ms Forename(s): _____

Surname: _____

Telephone: _____ Mobile: _____

Address: _____

Postcode: _____ Email: _____

Which area(s) of our work particularly interest you?

One to One Car Driver Cook Food prep Assistant Dining Room Assistant

Do you have previous experience working in a voluntary capacity?

Do you have special skills, interests and qualifications relevant to Farnham ASSIST?

What is your likely availability? (*Please tick **all** relevant boxes*)

Weekly

Monthly

Occasional

☐☐☐

Weekends

Weekdays

☐☐

Other information which could be relevant to this application (e.g. mobility, health etc.)

How did you hear of Farnham ASSIST? _____

Do you have a church affiliation (*not required*)? _____

Are you a car driver, and willing to provide transport for clients? YES / NO

(Please note: we will require a photocopy of your driving licence and insurance certificate should you decide to drive for Farnham ASSIST).

Please note:

If you are willing to provide transport for others in your car, you are also confirming that you have a valid and current driving licence, road fund licence and appropriate insurance for transporting clients in your car.

Referees

*Please give the contact details of two people whom we can contact;
(if you are employed, please can one be your employer)*

Title: ____ Name: _____ Telephone: _____

Address: _____

Postcode: _____ Email: _____

Capacity in which you know them: _____

Title: ____ Name: _____ Telephone: _____

Address: _____

Postcode: _____ Email: _____

Capacity in which you know them: _____

To the best of my knowledge, the above information is correct

Signed _____ Date _____

Please return this form to:

Farnham ASSIST, 7 St Georges Yard, Farnham, GU9 7LW Tel: 01252 717710