

CONFIDENTIAL

VOLUNTEER APPLICATION FORM

Personal details (please use capital letters)

Title:	Address:
First Name:	
Surname:	Postcode:
Tel (Home):	Email:
Tel (Work):	Mobile:

Present or most recent employment

Employers Name	Post held / duties	Dates of employment

Previous voluntary work experience

Organisation	Duties	From	To

Any other relevant information in support of your application

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Do you have any personal experience of hearing loss?

Please give details of criminal convictions or cautions if any.

REFERENCES (please use capital letters)

Please give name and address of TWO referees who should not be related to you / your partner, i.e. doctor, vicar, teacher etc. One of the referees can be a friend or neighbour.

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How did you learn of our volunteer scheme: _____

I confirm that the above information is correct. I accept that any false information given or information deliberately withheld may result in my application being disqualified. I understand that I must not disclose personal information gained whilst working as a volunteer for the East Sussex Hearing Resource Centre except to Social Services and Centre staff.

Signature: _____

Date: _____

Please return form to:
Volunteer Coordinator
East Sussex Hearing Resource Centre
8 St Leonard's Road
Eastbourne BN21 3UH
Tel. 01323 722505 (voice/text)
Email: volunteer@eshrc.org.uk