

## Volunteer Application Form

Thank you for your interest in volunteering for Carers Wakefield & District. In order to help us decide where and how you might be able to help us, we would be grateful if you could complete this form and return it to us at:

**Carers Wakefield & District, FREEPOST NEA 8632, 25 King Street, Wakefield WF1 2BR**

Name:  Mr/Mrs/Miss/Ms:

Address:

Post Code:

Telephone:  Mobile:

Email:

Date of Birth:

**Your availability - please state the days and times you might be available:**

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

**Your reasons for applying:**

**Your skills, training and experience:**

**Referee:**

Please provide details of a referee who will comment on your suitability for volunteering. If you are unable to provide a referee, please contact us on (01924) 305544, so that we can help you to do this.

Referee Name:

Address:

Post Code:

Telephone:

Mobile:

Email:

How does this person know you:

**Previous Cautions or Convictions:**

Have you ever been convicted of a criminal offence, cautioned, reprimanded or given a final warning by the police or do you have any court case pending?

Please answer 'Yes' or 'No':

If 'Yes', we will discuss this with you to decide on your suitability for volunteering.

**I confirm that these details are true and accurate:**

Signature:

Date:

**Thank you for offering support to Carers Wakefield & District,  
all information will be kept confidential.**