**Time for Me: Volunteer Application Form**

**First Name:**

**Last Name:**

**Address:**

**Telephone:** Home Mobile

**Email:**

**How do you prefer to be contacted? (tick/type yes next to your preference)**

Home phone Mobile Email No preference

**How did you hear about Time for Me?:**

**Please state why you would like to volunteer with Time for Me:**

**If you have any qualifications, training and/or previous work experience (this could be volunteer work or paid employment) relevant to this role please describe briefly:**

**Do you have a specific volunteering role of interest?**

|  |  |  |  |
| --- | --- | --- | --- |
| Admin Role | Events Support | Befriender | Activity Facilitator |
| Other | I’m flexible and happy to support where I’m needed | Trip Leader | Not Listed |

**Do you speak any languages in addition to English? If so, please let us know which languages and how comfortable you are (particularly speaking/listening).**

**What days/hours are you available to volunteer?:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day:**(Specify days) | **Week Days Only** | **Weekends Only** | **Week Days & Weekends** |
| **Time(s):** |  |  |  |

This programme takes place in various settings; in our centres/hubs, local community, places of interest in London, and/or in the person’s home. Please indicate below which areas you would be able to volunteer in (tick/type yes next to as many as apply):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **North Kensington**  | **Central & South Kensington** | Chelsea | North Westminster | South Westminster | No Preference |

**References:**

Please give the name and address of two people who will act as a referee for you. The referees should not be relatives. We will only contact your referees if your application is successful.

|  |  |
| --- | --- |
| **Name:****Relationship:** **Email:** **Address:**  | **Name:** **Relationship:** **Email:** **Address:**  |

**DBS Disclosure:**

**Please note that all successful applicants will be subject to a criminal record check through the Disclosure and Barring Service before volunteering with us.**

By signing and dating the below, you agree that you have understood our application process and requirements.

**Your Signature: Date:**

Please return form to: carerstimeforme@openage.org.uk or post to: Time for Me, Open Age, St. Charles Centre for Health & Wellbeing, Exmoor Street, W10 6DZ. For more information about how we process and retain your data please email: mail@openage.org.uk