****

**Open Age Application Form**

Registered Charity No. 1160125

Open Age, St. Charles Centre for Health & Wellbeing

Exmoor Street, London, W10 5XL

020 8962 4141 www.openage.org.uk

**Surname:**

**Forenames:**

**Address:**

## Telephone - Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E Mail** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please state why you would like to volunteer with Open Age:**

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

**Please tick what type of volunteer work you are most interested in:**

Reception (answering phone, welcoming visitors, giving information)

IT training support

Supporting activity sessions

Teaching sessions/ sharing a hobby interest

Admin support

Delivering/posting publicity

Data entry

Other please indicate)

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

**Please give the name and address of two people who will act as a referee for you (The referees should not be relatives.)**

Name: Name:

Relationship to you: Relationship to you:

Address: Address:

Telephone: Telephone:

Signature Date:

**Return to:** Open Age, St Charles Centre for Health & Wellbeing, Exmoor St, London, W10 6DZ