

Date of application			
Your contact details			
Title <i>Mr/Mrs/Miss/Ms etc</i>	First name	Last name	Date of birth
Address including postcode:		Landline	
		Mobile	
		Email	
A bit about you			
Do you work? <i>please indicate as appropriate</i>	Full time	Part time	I don't work
Occupation/profession:			Retired?
Do you drive?		Do you have use of a car?	
Please list any languages (other than English) which you speak confidently enough to have an extended conversation.			
How did you hear about volunteering with Communicare in Southampton?			
Why do you want to volunteer with Communicare in Southampton?			
What interests/hobbies do you have? <i>This will help us to match you with someone</i>			
Have you any health problems that may make some tasks difficult? <i>e.g. bad back, asthma, allergies</i>			

How would you like to help? Please tick the yes column for those areas in which you are interested in helping

	Yes	Comment
Helping our clients by:		
Shopping (for or with a client)		
Befriending (regular visiting –long term, ongoing commitment)		
Providing transport (lifts to medical/social appointments)		
Accompanying someone on a walk or outings		
Providing family support		
Gardening, DIY or decorating		
Helping with social events such as lunch club or tea parties		
Helping someone with correspondence or administration		
Homecoming Project - short term help for those coming out of hospital		
Helping our charity by:		
Helping with administration		
Fundraising/Events		
Helping in specialist areas e.g. graphic design, accounting, IT, marketing/PR, <i>Please state what</i>		
Would you be willing to visit someone who smokes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you be willing to push a wheelchair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When can you help?		
<i>Please indicate as appropriate</i>	Morning	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
How much time can you offer and how regularly? <i>e.g. 1 hour a week</i>		
References please provide the name and contact details of two referees, who you <i>confirm that you've have sought the agreement to provide their details as a referee for my application</i>		
Referee 1: professional person (e.g. employer, teacher)		Referee 2: character reference (not a family member)
Name		Name
Address		Address
Phone		Phone
Email		Email

Please tick to give Communicare permission to add you to our volunteer emailing list

SIGNATURE:

DATE:

Please send your completed application form to **Communicare in Southampton, Voluntary Action Centre, Kingsland Square, Southampton, SO14 1NW** volunteer@communicareinsouthampton.org.uk

ETHNICITY & DIVERSITY MONITORING

Many of our funders are interested in the range of backgrounds of our volunteers. By completing this form you will be helping us to provide this and secure further funding.

This information will be separated from your application and only used for anonymised monitoring purposes, thank you.

What is your age and gender?					
Your age:		Your date of birth:		Your gender:	
What is your ethnic group?					
Choose one section from (a) to (e) and tick the appropriate box to indicate your cultural background					
(a) White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background <i>please write in below:</i>			(b) Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <i>please write in below:</i>		
(c) Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background <i>please write in below:</i>			(d) Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background <i>please write in below:</i>		
(e) Other ethnic group <i>please write in below:</i>					