



**Volunteer Application Form**

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| Surname: | First name: |
| Address: |
| Telephone: | Today’s date: |
| Email: |
| What kind of volunteering opportunities interested you? |
| Why would you like to volunteer at Ideal for All? |
| Please tell us what you hope to gain from your experience with us? |
| Tell us about yourself. Your background, skills, qualities, hobbies and interests. |
| If you have volunteered before, please give details of where you have volunteered and briefly describe the role and for how long you volunteered. |
| When are you able to volunteer? (please specify days, times, and the length of commitment you would like to make) |
| Do you have any special needs you would like to share with us? |
| Please provide details of two references we can contact (non relatives) |
| Name:Address:Telephone:Email:Relationship to you: | Name:Address:Telephone:Email:Relationship to you: |
| Any other comments: |

**Please return to:**

**Ideal for All**

**Independent Living Centre**

**100 Oldbury Rd**

**Smethwick**

**B66 1JE**

Or email to **info@idealforall.co.uk**

\*Note: A DBS (Disclosure and Barring Service) check may be required for some roles.

For more information about Ideal for All visit **www.idealforall.co.uk.**