Family Network Volunteer Application Form

Thank you for your interest in volunteering with Candlelighters.

* Please read the Family Network Volunteer Profile before completing this form
* Please complete all sections of the form and email to [volunteering@candlelighters.org](mailto:volunteering@candlelighters.org).uk
* Successful applicants will be invited to attend an interview
* For any queries, please call Carly, the Family Network Coordinator on 0113 887 8333

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| Personal Details: | |
| Title: | |
| First Name: | |
| Last Name: | |
| Date of Birth (volunteers are required to be a minimum of 18 years old): | |
| Address: | |
| Email Address: | |
| Mobile Phone Number: | Home Phone Number: |

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| How did you hear about this role? |
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| Availability: Please specify the days and times you are available to volunteer. |
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| Access, medical and support requirements: Please give details of any relevant access, medical or other requirements we may need to be aware of |
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| About you:  Please tell us a bit about yourself. Please include:   * Why you are interested in this role * Work and volunteering history/experience (including job/role titles and dates) * Any other relevant knowledge, skills, or experience (personal and/or professional) |
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| Personal Information: | |
| Your details will be stored on the Candlelighters database and will be usedto register and contact you regarding your volunteering application. | |
| Declaration: The information I have given is correct and may be used for registration and contact purposes under The Data Protection Act 1998. | |
| Signature: | Date: |