The Northam Care Trust Volunteers' Application Form

Please return this form to the Volunteer Co-ordinator at Rose Hill, Heywood Road, Northam, Bideford, Devon EX39 3PG

How did you learn	of this vacancy?	
Personal Details (Please print clearly)		
TitleName		
Address		
	Postco	de
Tel (home)	Mobile.	
Email	Date of	Birth
Please give some details of your skills an	d life experiences	
Qualifications and/or exams if any		
Recent Employer Information		
Employer Name & Address		
Position	Dates: From	То
Duties		
Availability Please let us know what days and times you	are available, and how many hours y	ou are able to offer on those days.

Driving

Are you a car driver? YES/NO

Health and Safety What is your present state of health?			
Do you have any access requirements? (e.g. wheelchair access, large print documents, telephone amplifier).			
General Please use this space to provide any further information you may please let us know why you would like to volunteer and if you have not always necessary).			
References Please give the names and addresses of two referees, whom we			
1	2		
Postcode	Postcode		
Tel:	Tel:		
Email:	Email:		
Relationship:	Relationship:		
Declarations			
1. Have you had any criminal convictions? YES/NO If yes, plea	se give full details on a separate sheet		
(All applicants will need to have a Criminal Records Check. Past	t convictions may not affect your application)		
I hereby declare that the information given in this form is to the representation of my application.	e best of my knowledge, correct and gives and accurate		
Signature			
Date			

The Northam Care Trust, Rose Hill, Heywood Road, Northam, Bideford, Devon EX39 3PG Tel: 01237 477238 email: hr@northamcaretrust.co.uk Website: www.northamcaretrust.co.uk