

Title

## **VOLUNTEER APPLICATION FORM**

Name			
Surname			
Address			
Post code			
Phone number			
Email			
Why do you want t	o volunteer at Headway Ea	st London?	
Your interests. Pla	ase tick the areas of voluntee	ering that you are interested in	
Admin	Art/Craft	Discussion Group	
Events	Film/Media	Fundraising/Campaigning	
Gardening	Cooking/Baking	Music	
Other	Please Specify:		
What do you know	about Headway East Lond	on and brain injury in general?	



	ills and experie	•	_		•			ention any
interests	you have which	could be in	ntroduced	as a ne	w activity	at the cen	itre.	
Is there	anything you h	ave difficι	ılty doing	or are	unwilling	to do?		
Havava	u experienced	a brain ini	urv voliro	nolf?				
паче yo	u experienceu	a Drain inj	ury yours	en :				
Yes	No							
Do you	consider yours	olf to have	a dicabi	lity2	Yes		No	
Do you	consider yours	en to nave	a uisabii	iity :	162		NO	
If so, wha	at support would	l you need	to volunte	er?				
The Eve	ning Service will	be running	every W	ednesd	ay evenir	ng, 48 we	eks of th	e year.
We ask v	volunteer to atte	nd <b>from 3</b> .3	30pm to 8	3.30pm.				

Please state the length you will be available to volunteer for (4 months minimum).



placement.

## Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975 All volunteers are subject to an enhanced Disclosure and Barring Service (DBS) clearance because of the nature of the voluntary work for which you are applying. You are required to disclose any criminal convictions which you have had and are not entitled to withhold information about convictions which, for other purposes, are 'spent' under the provision of the Act. Failure to provide this information could result in your dismissal. This information will be treated in the strictest confidence and will only be taken into account if it is relevant to your

Do you have any previous	convictions?	Yes		No
Signed		Date		
Please give names, address At least one should be some be someone who knows you approach the referee prior to Please provide and write e	eone who know ou well for at l o interview.	s you in a worl east three yea	k or study o	apacity. One can
•	Referee 1	•	Referee 2	
Name				
Address				
Post code				
Tel Numbers				
Email				
How do you know them?				
How long have you known them?				



Please add any other inform	mation that you feel hasn't been covered?
Please give the contact det	ails of the person who you would wish to be called in
the event of an emergency	or any concern?
A.I	
Name	
Name	
Relationship to you	

Thank you for completing this form.

Please email: recruitment@headwayeastlondon.org

Or post to: HR

Headway East London; Timber Wharf Block B

238-240 Kingsland Road,

London E2 8AX.