

Volunteer/Placement Application Form

Full Name:										
Previous or other	names:									
Address:										
Post code:										
Email address:										
Home Tel No:										
Mobile No:										
Emergency Contact Name & No:										
Please indicate bel	low, which particu	ılar volunteering r	ole(s) you are	e intereste	ed in:					
Admin	Fundraising			er Suppor		Ε	vents	Counselling	Mentoring	
	•	•	•		<u> </u>					
Why are you interested in becoming a volunteer with Motherwell?										
How much time c	an you offer for	Volunteering?	iteering?			Hours per week				
Please indicate y	our availability be	elow:								
, is also maissare /	Monday	Tuesday	Wednesday	Thui	rsday		Friday	Saturday	Sunday	
Morning		, , , , , , , , , , , , , , , , , , , ,		1111	/					
Afternoon										
Evening										
9			l .	<u> </u>				<u> </u>		
Do you have a current driving licence?						YES/NO				
Do you own your own transport or have access?						YES/NO				

Please give brief details of any paid or unpaid work experience, relevant to this volunteering role:							
What particular skills/qualities do you think you will bring to this role?							
Please list any relevant training including short courses undertaken or currently involved with:							
Course title and content	Date and length of training						
Please give the names and contact details of two people who are not related to you, who can be contacted for reference purposes:							
Referee 1)	Referee 2)						
Name:	Name:						
Address:	Address:						
Tel. No:	Tel. No:						
Email address:	Email address:						
In what capacity is this person known to you?	In what capacity is this person known to you?						

Please return this form to:

HR Department
54-64 Beech Drive, Crewe, CW2 8RG

OR

Email: hr@motherwellcheshirecio.com