

Volunteer Application Form

**Title: (Mr/Mrs/Miss/Ms)**

**First and Last Names:**

**Address:**

**Post code:**

**Phone No:**

**Mobile No:**

**Date of Birth:   
(dd/mm/yy)**

**Email address:**

**Which role are you applying for?**

**How much time are you able to offer? What times/days are most convenient?**

**Please provide the names and addresses of two referees (non relatives):**

**Name:**

**Address:**

**Post Code:**

**Telephone:**

**Email:**

**In what capacity do you know them?**

**Name:**

**Address:**

**Post Code:**

**Telephone:**

**Email:**

**In what capacity do you know them?**

**Have you been involved in voluntary work before? (Please give details):**

**Please tell us why you wish to volunteer for Trafford Carers and if you have any knowledge of the issues in caring:**

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**Please provide information about any paid or voluntary experience you feel appropriate to your application, including skills relevant to the role and any languages spoken:**

***All information will be treated as private and confidential and will not be passed to other agencies or third parties.***

**Signature: Date:**

**Please return via email or post to:** [**info@traffordcarerscentre.org.uk**](mailto:info@traffordcarerscentre.org.uk)

**Angela Andrews, Trafford Carers Centre, 9 Springfield Road, Sale, Manchester, M33 7XS. Telephone: 0161 848 2400.**