



Stoke on Trent

Volunteer Application Form

Please complete and return to:

Open Door Stoke on Trent
Spode
Church Street
Stoke on Trent
ST4 1QD

Contact Details:

Name: _____

Male/Female (Please circle)

Address: _____

Date of birth: _____

Home Tel No: _____ **Mobile No:** _____

Email: _____

List Any Previous or Current Volunteer Experience:

<i>Organisation</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>	
		<i>From:</i>	<i>To:</i>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

List Your Employment/Training Background:

<i>Employer</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>	
		<i>From:</i>	<i>To:</i>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

Which volunteer roles are you interested in? You can select more than one option:

- 1.General support at the Monday or Friday Drop in sessions i.e: sandwich preparation, front of house.
- 2.Supporting friends of Open Door
- 3.Sorting Donations
- 4.Making Food Parcels
- 5.The Open Door garden

What attracts you to volunteering at Open Door Stoke on Trent?

What are your hobbies and interests?

Describe your relevant Volunteer/ Work experience:

List the skills/qualities that you will bring to the roles you are interested in:

AVAILABILITY

Please outline how much time you can commit to volunteering at Open Door Stoke on Trent:

Please indicate in the grid below, which times of the week suit you best to volunteer:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please provide details of two referees (not relatives or friends) who we will be contacting as part of the selection process:

Reference 1

Name: _____

Occupation: _____

Address: _____

Postcode: _____

Phone No: _____

Email: _____

Reference 2

Name: _____

Occupation: _____

Address: _____

Postcode: _____

Phone No: _____

Email: _____

Support Needs

Do you consider yourself to have a disability or support needs which is relevant to your application?

Yes
No

If yes, is there anything we need to know about your disability or support needs in order to ensure you have equality of opportunity?

Signed: _____ **Date:** _____

Please note if your application is successful you will be asked for consent for criminal record (Access NI) checks.