

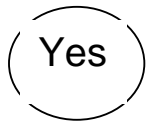
Volunteer application form



Please fill in this form if you are interested in volunteering for Cambridgeshire Mencap.



If you would like support to fill in this form telephone 01223 883140



Please circle your answers and use the boxes to write in to tell us more.



Mr Mrs Ms Miss Other (like Dr)

Date of birth

First name

Last name



Address
Post code



Telephone number day time



Email

Name: _____

If you know which volunteer role you would like to do please tell us here:



If you are not sure yet tell us what you are interested in doing.



How did you find out about volunteering for Cambridgeshire Mencap?



Have you done any volunteering before?

Yes

No

If your answer is yes, tell us more about what you have done.

Name: _____



Have you got any experience with people with a learning disability?

Yes

No

If yes, please tell us more

What things do you enjoy doing?



When can you volunteer? Tell us the days and times



Name: _____



Do you have a car that you could use when you are volunteering?

Yes

No



If no, what transport do you use?



Is there anything to do with your health that will stop you from doing some types of volunteering?

Yes

No

If yes, please tell us more



Date



Please send this form to

Volunteers Coordinator
Cambridgeshire Mencap
Edmund House
9 Church Lane
Fulbourn
Cambridgeshire
CB21 5EP

Email – pat@cambridgeshiremencap.co.uk

Website – www.cambridgeshiremencap.co.uk

Thanks to Photosymbols for the pictures in this form.

Name: _____

References



We need the names and addresses of 2 people who can tell us what you would be like as a volunteer.

We will write to them and we might telephone them.

Choose people who are **not** in your family.

For example, you could choose your employer, someone else you have volunteered for, and so on.

Person 1



Name



Address

Postcode

Telephone number



Email

Person 2



Name



Address

Postcode

Telephone number



Email

Name: _____