



Headway
Plymouth

Supporting life after brain injury

VOLUNTEER APPLICATION FORM

If you find the form difficult to understand or complete, please call Headway Plymouth on 01752 550559 and we'll give you as much guidance as we can.

Name: _____

Address: _____

Post code: _____

Tel No. _____ Mobile no: _____

I am interested in:

Please indicate the type of work you would like to carry out.

If you are applying for to offer specific support such as art or crafting, please indicate here:

Please provide your skills and experience:

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The centre is currently open 4 days per week, 08:30-15:30.
Please indicate the days and times that you are available.

Monday	08:00-12:00		12:00:15:00		
Tuesday	08:00-12:00		12:00:15:00		
Wednesday	08:00-12:00		12:00:15:00		
Friday	08:00-12:00		12:00:15:00		

Please tell us about any relevant voluntary or paid experience you may have:

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Please tell us about any relevant training you have had:

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Please tell us why you would like to volunteer for Headway Plymouth? What would you gain from the experience?

Please advise us of any needs which you would like us to take into account at the interview. For example, mobility, childcare, etc. This information is strictly confidential.

Please provide the names, addresses and telephone numbers of two people who have known you for at least 12 months. This could be a previous employer or work colleague, doctor, friend, etc., but should not be a family member.

Referee one

Relationship: _____

Name: _____

Address: _____

Post code: _____

Tel No. 12:00:15:00

Mobile no: 12:00:15:00

Referee Two:

Relationship: _____

Name: _____

Address: _____

Post code: _____

Tel No. _____ Mobile no: _____

How did you hear about volunteering for Headway Plymouth?
I confirm that the information I have provided in this application form are correct to the best of my knowledge. I understand that Headway Plymouth will need to carry out an enhanced DBS check before I can begin volunteering.

Signed: _____

Date: _____

We welcome interest from any person who wishes to volunteer at Headway Plymouth and seek to reflect the diversity of our community in terms of race, cultural background, gender, sexuality age and disability.

Thank you for your interest in becoming a Headway Plymouth volunteer.

Return your completed form via email to enquiries@headwahplymouth.org.uk or via Royal Mail to:

**HEADWAY PLYMOUTH
HEADWAY HOUSE
PARK AVENYE
DEVONPORT, PL1 4RJ**