

VOLUNTEER EXPRESSION OF INTEREST

Name (First & Surname):		
Address:		
Contact Details	home:	mobile:
Email:		

Age Group: 15-20 21-30 31-40 41-50 51-65 65+

When are you available for volunteering?

Days:	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
Time:							
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Frequency:

Weekly Fortnightly Monthly One off Other:

Skills, talents you have	I'd like to learn more about...	Don't ask
<i>Anything you do well and enjoy</i>	<i>Things you have an interest in but don't have the skills to do at this stage</i>	<i>Things you really wouldn't want to do</i>

Please indicate your willingness or otherwise for each item.

(Tick your response):

If required by the organisation are you willing to undergo any required training?
 Yes No

Are you willing to undergo a police check? Yes No

Are you willing to sign a confidentiality agreement? Yes No

Is there any other information that would help us with matching you to a volunteer position? (work you can / cannot do, likes / dislikes, general suitability / unsuitability)

What are your reasons for seeking a volunteering position?

- | | |
|--|---|
| <input type="checkbox"/> To help others within the community | <input type="checkbox"/> To meet people |
| <input type="checkbox"/> To be involved in the community | <input type="checkbox"/> Gain work experience |
| <input type="checkbox"/> Develop or practise new skills | <input type="checkbox"/> To have fun |
| <input type="checkbox"/> Personal development | <input type="checkbox"/> Other: |

Are you presently volunteering? Yes No
 If yes, can you please list which organisations.

Would you be interested in being contacted about any other volunteering opportunities which match your skills and interests in the future? Yes No

I, _____, authorise Talk Together London CIC to release my details to relevant organisations in order to help develop volunteering positions and I declare that the information given in this application is true and correct.

Signature: _____ Date: _____

Thank you for your interest in volunteering with Talk Together London CIC.
Please return the form to: talk@ttlcic.org.uk