



(Registered Charity No: 1120993)

VOLUNTEER APPLICATION FORM

Name:

Address:

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Tel No: **Mobile:**

E-mail: **Date of birth:**

Contact in case of Emergency (name and phone number)

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Briefly outline your skills and experience:

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Please say a little about the things that interest you:

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Why do you want to volunteer for Wigan and Leigh Young Carers:

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Most of our volunteer work is early evenings & occasional Weekends, when are you available:

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REFERENCES

Please provide two referees who have known you for at least 2 years:

Name:

Address:

Tel:

Email:.....

Name:

Address:

Tel:

Email:.....

Do you have a car which you can use to pick up Young Carers (appropriate insurance required & mileage expenses paid) YES/NO

As we work with children all staff and volunteers are subject to a Disclosure Barring Service (DBS previously CRB) check.

Please note we do not provide references until a minimum of 6 months volunteering has been completed.

Signed: **Date:**

Please forward completed forms to Project Manager, Wigan and Leigh Young Carers, Patrick House, 58 Leigh Road, Leigh, WN7 1QR. If you require any guidance please call 01942 679352 or 07546 487063 or e-mail info@walyc.org.uk