



HEADWAY
Tunbridge Wells & District

VOLUNTEER APPLICATION FORM - CONFIDENTIAL

PERSONAL DETAILS (in block capitals please)

NAME
(Mr/Mrs/Miss/Ms)

Address
.....
.....

Postcode Home Telephone Number

Mobile No:

Daytime Telephone Number if different

Email address:

If you have a disability please tell us about any adjustments we may need to make to assist you at interview.

Where did you see the volunteer opportunity?

Is there a particular role that interest you?
.....

Centre based roles. Please tick to indicate when you are most likely to be available to volunteer. Please give as many alternatives as possible. Flexible times can be arranged.

		Mon	Tues	Weds	Thurs
AM	10:00 - 12:30	.....	.....	.....	.....
PM	13:30-15:00	.....	.....	.....	.....
DAY	10:00 15:00	.....	.....	.....	.....

SKILLS AND INTERESTS

Volunteers are welcomed in a variety of roles, some centre based and others helping further the work of the Charity behind the scenes.

If you have any special skills or interests please indicate below.

Adult literacy/numeracy		In addition I can offer:
Art & craft		
Ball games		
Basketwork		
Calligraphy		
Computers		
Conversation/chat groups		
Cookery		
Creative writing		
Dance		
Digital photography		
Events organising		
Fundraising		
Games/quizzes		
Gardening		
Keep fit		
Knitting		
Life skills		
Meetings – minutes		
Mosaics		
Music/singing		
Needlework/dressmaking		
Office based work		
Pottery		
Puzzles/crosswords		
Qualified therapist		
Reading/poetry		
Speech/language		
Tapestry/rug making		
Woodwork		

EXPERIENCE

What skills and experience can you bring to Headway?

Previous employment, voluntary work, training, relevant personal experience, experience of working with individuals who have sustained a brain injury, interests (brief details please)

VOLUNTEERING

Why do you want to be a volunteer with Headway?

What do you think Headway can offer you?

How did you hear about Headway?

Thank you for your application, if we have some suitable volunteer vacancies, we will contact you for an informal chat.

If you are accepted as a volunteer at Headway, there will be a six week trial period followed by a review. After a successful review, you will be requested to sign a formal agreement and complete a CRB check form.

You will have an opportunity on an annual basis, to discuss your expectations and work at Headway.

REFEREES

Please give us the names and addresses of two people who can be asked to provide references. One should be a previous employer or professional who knows you well; the other can be a person who has known you for at least two years (not a member of your close family). References will not be taken up until after a successful interview.

Name Name

Address Address

.....

Postcode Postcode

Telephone No Telephone No

Headway Tunbridge Wells & District aims to promote equality of opportunity for all with the right mix of talent, skills and potential. We welcome applications from diverse candidates.