



Volunteer application form

If you need some help with this form please call 0151 666 1829

1. Name



2. Date of Birth



3. Address



4. Telephone number

Mobile number



5. Email

6. How did you find out about volunteering with Wirral Mencap?





7. Have you done any voluntary work before?

Yes No

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



8. Have you any experience of learning disability? This can be personal experience or work experience.

Yes No

If yes, please tell us more



9. What things do you enjoy doing?

10. What roles may you be interested in?

- Fundraising/ events
- Volunteer Buddy/ Befriending(1:1)
- Clubs or activities
- Courses
- Information Advice and Advocacy/office
- Learning Disability Advocate



11. When can you volunteer? Please tell us the days and times

12. 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



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

For example, you could choose your boss or an old boss, a friend or a person from a place you have volunteered with before

Person 1

Name

Address



Email



Telephone number

Person 2

Name

Address



Email



Telephone number

Criminal record

Wirral Mencap has to make sure all our volunteers are safe to work with people with a learning disability.



Have you ever been convicted of any criminal offence by a court of law?

Yes

No



We will only take this into account if it could be important to the volunteering you want to do.

All Wirral Mencap volunteers need to have a criminal record check before they can start.

If you are going to be a volunteer with Wirral Mencap we will ask you to fill in another form so we can check your criminal record.

Please sign this part of the form to say that all of this information is true.

Signed



Date



Please return the form on email to info@mencapwirral.org.uk

Or print and post to

Wirral Mencap
42-44 Market Street Birkenhead
CH41 5BT

EMERGENCY INFORMATION

About you

Name
Address
Phone number
Email Address

We need information about 2 people that we can call in an emergency.

Person 1

Name	Who is this person?
Address	
Phone numbers	

Person 2

Name	Who is this person?
Address	
Phone numbers	

Do you have any allergies or health problems that we should know about in case of an emergency?

--

Please sign here to show that you are happy for us to use this information in an emergency

--