

Thank you for choosing to volunteer for St Cuthberts Care.
We value and appreciate your time, skills and support for our work.

Personal details

Full name

Address

Post Code

Telephone (Inc STD) Do you have access to a car? Yes / No

Mobile Would you be willing to use it while volunteering? Yes / No

Email Do you have any penalty points? Yes / No

Application information

Particular areas of interest (please tick) Helping people in our care Community work

Fundraising / Appeals Administration Gardening / Maintenance Other (please state)

Your availability (please tick)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Varies
	am pm	am pm	am pm	am pm	am pm	am pm	am pm	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

Period of commitment

Experience and qualifications

Do you have any particular skills you can offer?

How did you hear about voluntary work with St Cuthberts Care?

Rehabilitation of Offenders Act 1974: do you have any unspent convictions? Yes No

If yes, please specify

Please note that a conviction will not necessarily exclude you from volunteering with St Cuthberts Care, but will be taken into account when assessing your suitability.

