

**Volunteer Application Form**

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| **Name** | **Address** |
| **Phone   Home****Mobile** | **Email** |

**Please give us an idea of the type of activity you are interested in, this is not an exhaustive list of activities**.

|  |  |
| --- | --- |
| **Representing Healthwatch at meetings and scriber**   |   |
| **Representing Healthwatch within the community at events, public spaces etc.**   |   |
| **Enter and View: Visit, observe and capture views from staff and patients in health and social care settings**    |   |
| **Communications and PR**   |    |
| **Researcher**  |    |
| **Publications and Document Reader** |   |

**It there is anything else you are interested in please outline here:**

**How often and long would you like to volunteer:**

Some people may have a limited time to be able to volunteer, for instance one or two months, summer holidays etc. If you know could you outline this here?

Would you like to volunteer once or more per week or once or more per month. Please give us an idea?

Which days are you available?

|  |  |  |  |
| --- | --- | --- | --- |
|   | AM  | PM  | Evening  |
| **Monday**  |   |   |   |
| **Tuesday**  |   |   |   |
| **Wednesday**  |   |   |   |
| **Thursday**  |   |   |   |
| **Friday**  |   |   |   |
| **Saturday**  |   |   |   |

**Why would you like to volunteer for Healthwatch?**

**What, if any relevant skills and experiences do you have?** (This is not a necessary stipulation)

**Do you have support or access needs (for example, do you have a disability, are you a carer, do you need a support worker when you volunteer?)**

**How did you hear about Healthwatch/this voluntary role?**

**Please supply the names, addresses and phone numbers of two referees who know you well. e.g. previous employer, neighbour, previous volunteering project, etc. Please state how they know you. (Please note that these cannot be a relative.)**

|  |  |  |
| --- | --- | --- |
| **Name** | **Contact details** | **Relationship to you** |
| **1.** | **Address:****Tel:****Email:** |  |
| **2.** | **Address:****Tel:****Email:** |  |

**Date**

Please return the completed form to jacqui@healthwatchbnssg.co.uk  or  post to

Jacqui Reeves Volunteer Co-ordinator, Healthwatch North Somerset, 3rd Floor, The Sion, Crown Glass Place, Nailsea BS48 1RB