Volunteer Application Form

|  |  |
| --- | --- |
| Name | Address |
| Phone Home Mobile |  Email |

* **Which areas of work are you interested in (tick all that apply)**

|  |  |
| --- | --- |
| Representing Healthwatch at meetings |  |
| Public Engagement/Outreach Sessions (e.g. a stand at a local library, health fairs, digital engagement) |  |
| Enter and View (visiting health and social care facilities to talk to staff and patients) |  |
| Communications/Media Support or Office admin |  |
| Research Project Volunteer |  |
| Publications and Document Reader |  |

* **Preferred level of commitment (please circle)**

|  |
| --- |
| Short term projects / Ongoing projectsWeekly / Monthly / Annually |

* **When are you available to volunteer?**

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

* **Why would you like to volunteer for Healthwatch?**
* **What relevant skills and experiences do you have?**
* **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?**

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* **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: |  |

**Print Name**

**Sign Name**

**Date**

Please return the completed form to

* julia@healthwatchbnssg.co.uk or
* Julia Senior-Smith, Volunteer Co-ordinator, Healthwatch North Somerset, 3rd Floor, The Sion, Crown Glass Place, Nailsea BS48 1RB