



# Croydon Carers Centre Ltd

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E-mail: [croydoncarers@hotmail.co.uk](mailto:croydoncarers@hotmail.co.uk) Website: [www.croydoncarers.org.uk](http://www.croydoncarers.org.uk)  
Registered Charity No.: 1125181

## **Croydon Carers Centre Volunteer Application Form**

CONFIDENTIAL

Date of Application .....

**\*\*Please use BLACK INK and BLOCK CAPITALS\*\***

**NAME** ..... **D.O.B.** .....

**PHONE Nos** .....

**EMAIL** ..... **Nat.Ins.No.** .....

**ADDRESS** .....

.....

.....

**EMERGENCY CONTACT & TEL.No.** .....

*Please circle:*

Volunteer role you are interested in: OFFICE SHOP OUTREACH FUNDRAISING DRIVER

Shifts available to volunteer: ALL DAY (9:30-5) MORNINGS (9:30-1:30) AFTERNOONS (1-5)

Days available: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY/SUNDAY

**Please tell us briefly below about any work, volunteering, personal experience/hobbies, or skills that you have that are relevant to the role you are interested in – (and attach your CV if you have one):**

**References**

Please supply details of 2 people who you know well enough to comment about your suitability for this role. **They should not be family members.** If you are not sure about who to put, we are happy to discuss this with you.

**Referee 1 *\*\* Please use BLOCK CAPITALS\*\****

Name .....

Address .....

.....

Phone No. .... Email .....

How does this person know you? .....

**Referee 2 *\*\* Please use BLOCK CAPITALS\*\****

Name .....

Address .....

.....

Phone No. .... Email .....

How does this person know you? .....

Do you have any particular needs that we should be aware of, so as to best support your volunteering with us? .....

How did you hear about Croydon Carers Centre? .....

**Declaration**

The information I have provided is correct and true:

Signature ..... Date .....

Print Name .....

If interviewed Passport or Photo Driving Licence and proof of National Insurance No. will be required.