



CWRT Volunteer Enquiry Form

Date:

Name:

Address:

Telephone: (Home)

(Mobile)

Email Address:

How did you hear about us?

Brief working/volunteer history:

Availability (please circle or highlight):	Mondays	10 - 1	2-5pm
	Tuesdays	10 - 1	2-5pm
	Wednesdays	10 - 1	2-5pm
	Thursdays	10 - 1	2-5pm
	Fridays	10 - 1	2-5pm

Do you have any specific needs we should know of in order to assist you in your volunteering?

Please outline the kind of work you would hope to do as a volunteer with CWRT and give any additional information you feel may be useful:

Please provide details of 2 referees who could comment on any relevant work experience or character:

Ref. 1 (Professional)

Name:

Address:

Ref. 2 (Personal or Professional)

Name:

Address:

Tel:

Email:

Relationship:

Tel:

Email:

Relationship:

All volunteers will be asked to complete an enhanced DBS Check (formerly CRB) for disclosure of any relevant criminal history. If you have a history of any offences, this will not necessarily bar you from working with us and will depend on the particulars of the offence and other circumstances.