

Department of Adult Services
Volunteer application form



Surname (Mr/ Mrs/ Ms): _____

First / other names: _____

Address:

Phone number: _____ (Home) _____ (Mobile)

Email address: _____

Date of birth: (dd/mm/yyyy) _____

Have you done any voluntary work before? Yes No

If yes, please give details:

Do you have any hobbies or skills? Yes No

If yes, please give details:

Do you have a car? Yes No

If yes are you willing to use it for voluntary work? Yes No

How much time per week can you give?

With which group of people are interested in working?

- Older People
- People with physical disabilities
- People with learning disabilities
- People with mental health problems
- No preference

In which areas of work are you interested?

Please give the names of two people who can give you references (For example, employer, teacher, doctor or any other 'responsible' person – not relatives or close friends).

Name: _____
Status: _____ (e.g. employer)
Address: _____ _____
Phone Number: _____

Name: _____
Status: _____ (e.g. employer)
Address: _____ _____
Phone Number: _____

Thank you for your interest in becoming a volunteer for Wigan council

Please send completed application forms to:

Volunteer Department,
Metrolite Industries,
60 Warrington Road,
Ince, Wigan, WN3 4JW.