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| **Refugees Welcome Cheshire East Volunteer application form** |
| **Full name****Address****D.O.B.****Email address****Landline****Mobile** |
| **Position applied for**: Family support volunteer  English practice volunteer Task volunteer |
| **Referees:** Name  **Name****Address Address****Capacity in which they know you Capacity in which they know you**  |
| **Please confirm your availability** **Family Support Volunteer:** Half to one day per week for minimum six monthsYes/No**English practice volunteer**: Two hours per week Yes/No**Task volunteer:** Please tell us which days of the week you would be available to be called onSunday Monday Tuesday Wednesday Thursday Friday Saturday  |
|  |
| Signed: Date: |

**Do you have a current DBS: Yes/No If yes : Basic / Enhanced**

**Please return by email to:** **estelle.worthington@cvsce.org.uk**

 **entitling your email “Volunteer Application”**