|  |
| --- |
| **Refugees Welcome Cheshire East Volunteer application form** |
| **Full name****Address****D.O.B****Email address****Landline****Mobile** |
| **Position applied for**: Family / Host support volunteer  English practice volunteer Task volunteer  Translator |
| **Referees:** Name  **Name****Address Address****Email Email****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 **Translator – Saturday Café at St Michael’s Church** |
|  |
| Signed: Date: |

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

 **DBS number: Date issued**

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

**entitling your email “Volunteer Application”**