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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 / 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 months  Yes/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 on  Sunday 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**](mailto:estelle.worthington@cvsce.org.uk)

**entitling your email “Volunteer Application”**