# **Woodvale & Ainsdale Community Association**

Woodvale Community Centre, Meadow Lane, Woodvale, Southport, Merseyside, PR8 3RS



Tel: 01704 573084 Email: woodvalecentre@btconnect.com Web: www.woodvalecommunitycentre.co.uk Registered Charity No: 1146522 Limited Company No: 7795806



# **Volunteer Information Form**

### PERSONAL DETAILS

Full name:	Home Address:	
Postcode:	Home No:	
Mobile No:	DOB:	
Email:		

# WHAT TYPE OF VOLUNTEER OPPORTUNITIES WITH THE CHAIRTY INTEREST YOU?

Administration - Based at the Community Centre	<b>IT</b> - Support with databases, updating and cleaning PCs, website management	
Minibus Driving - Transporting centre users to and from groups	<b>Marketing</b> - Writing press releases, advertising activities in local media, creating flyers, noticeboard maintenance	
<b>WWP</b> - Helping out in Woodvale Woodlands, litter picking, tree care, planting, maintaining footpaths etc.	<b>Sports/Outdoor Activities</b> - Providing an activity for service users, support for young people taking part in holiday activities, support for specific activities such as Mountain Biking	
<b>Fundraising</b> - Organising events, making cakes, street or store collections, projects etc.	<b>Teaching or Training</b> - Providing short courses for volunteers or service users	
Food and Catering - Helping in the kitchen to make refreshments and meals	<b>Trustee</b> - Volunteering to support the charity at a strategic level	

# IS THERE A SPECIFIC CLIENT GROUP YOU WOULD LIKE TO WORK WITH?

Adults			Gender Specifi	с	]
Young People		Pe	eople with disabilitie	s	1
Older People			Other (Please State	e)	
AT WHAT TIMES ARE YOU INTERESTED IN VOLUNTEERING?					
Monday	am	pm		eve	
Tuesday	am	pm		eve	
Wednesday	am	pm		eve	

Thursday pm am eve Friday am pm eve Saturday pm am eve Sunday pm am eve

## DBS (DISCLOSURE AND BARRING SERVICE)

I hold a current clearance certificate	I am willing to undertake a DBS check	
DBS No:		
Dated:		
I hold a current qualification related to the activity I wish to volunteer for (please list):	I hold a current insurance related to the activity I wish to volunteer for (please list):	

#### REFERENCES

Please provide contact details of two referees. Referees cannot be serving Trustees or a member of the management committee of the Woodvale and Ainsdale Community Association.

1.	Name:
	Address:
	Phone number:
	Email:
2.	Name:
	Address:
	Phone number:
	Email:

*I confirm that the information given in this form is true, complete and accurate.* Signed:

Print name:

Dated: