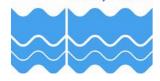


East Sussex Healthcare NHS Trust

East Sussex County Council



Volunteering Application form

Your details							
First name				Last name			
Home address							
Telephone		DOB		Email			
Why do you	want to voluntee	r?					
What qualities, skills and experience can you bring to the service?							
volunteer? <i>i.e. Breastfe</i>	where would you l eding Peer Supp orthoughts Counse	orter, Gr	oups,				
If a voluntee	nd hours are you r placement has ase state with wh	already l	been				
How did you opportunities	find out about of ?	ur volunte	eering				



East Sussex Healthcare	NHS	East Sussex County Council

References

Please provide details of two people who have known you over time either in a personal or professional capacity. References will be taken up before inviting you to an interview.

If you are interested in a Breastfeeding Peer Support role one of these should be your Health	ו
Visitor	

Reference 1		Reference 2		
Name		Name		
Address		Address		
Telephone		Telephone		
Email		Email		
What capacity does this person know you?		What capacity does this person know you?		
For Health Visitor reference only				
Child/ren's n	ames and date of births:			





Health information

Are there any health issues/information that may affect your Volunteering, in order to enable us to support you?

If Volunteering as a Breastfeeding Peer Supporter or an Afterthoughts Counsellor you will be asked to complete an East Sussex Healthcare Trust Questionnaire, which may result in you being asked to see our Occupational Health Doctor.

Are you or your family working with or have been supported by any other services? Ie: Keywork, Social Services, Speech and Language

Signed.....

Date.....