

## Volunteering Application form

Your details				
First name			Last name	
Home address				
Telephone		DOB		Email
Why do you want to volunteer?				
What qualities, skills and experience can you bring to the service?				
What area/where would you like to volunteer? <i>i.e. Breastfeeding Peer Supporter, Groups, Admin, Afterthoughts Counsellor</i>				
What days and hours are you available? <i>If a volunteer placement has already been agreed - please state with whom and where</i>				
How did you find out about our volunteering opportunities?				

<b>References</b>			
<p>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.</p> <p>If you are interested in a Breastfeeding Peer Support role one of these should be your Health Visitor</p>			
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 names 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?  
I.e: Keywork, Social Services, Speech and Language

Signed.....

Date.....