**Walkley Community Centre**

7a Fir Street, Walkley

Sheffield S6 3TG

Tel: 0114 2517171

Website: [www.walkleycommunitycentre.org](http://www.walkleycommunitycentre.org)

Email: [enquire@firstreet.org.uk](mailto:enquire@firstreet.org.uk)

Registered Charity No. 1136976

Company No. 7268567

Walkley Community Centre Volunteer Application Form11 2016

|  |  |
| --- | --- |
| First Name: | Surname: |
| Home Address: | |
| Telephone No: (Mobile) | Telephone No: (Landline): |
| Email Address: | |

|  |
| --- |
| Do you have any support needs? Please specify |

**References**

Please supply the names and addresses of **two** referees who know you well. **One** should be your last employer*or* from your last volunteering project and **one** can be a current volunteer who knows you well, a neighbour or someone who has known you for a long time:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Position: |  | Position: |  |
| Address:  Postcode: |  | Address:  Postcode: |  |
| Relationship: |  | Relationship: |  |
| Daytime tel. number: |  | Daytime tel. number: |  |
| Email: |  | Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Your emergency contacts are: Name | Relationship | Tel | Email |
|  |  |  | |
|  |  |  | |

**Agreement**

Please sign and date this document and return it to Rick Allan, Chairman:

|  |  |  |
| --- | --- | --- |
| Volunteer’s signature : | Print name: | Date: |