



VOLUNTEER APPLICATION FORM

FOR VOLUNTEERING OR STUDENT PLACEMENTS

Please complete your details in **CAPITALS** PLEASE NOTE: If the information you provide is incomplete in any way, we will not be able to process your application, please ensure full details are provided

NAME:		
ADDRESS:		
ADDRESS:		
POSTCODE:		
HOME TELEPHONE:		MOBILE:
EMAIL :		DATE OF BIRTH:
DRIVING LICENCE: FULL / PROVISIONAL / NONE		Car Available: YES / NO
Are you seeking a Student Placement?		YES / NO
If yes, Where are you studying?		
What course are you studying? (year/level)		
What length of placement are you seeking?		

Do you consider yourself disabled in any way? YES / NO
 If yes, please give details of any particular needs or requirements you may have:

Which Volunteering Role (s) / Student Placement are you interested in?	Tick
Nursing or Social Work Placement For Sleep Support Service (working with our Sleep Practitioner and families)	
Volunteer - Reception and Administration	
Volunteer - Social Media / Photography, Film or Video making Support	
Why do you want to join Twinkle House as a Volunteer or Student Placement?	

What qualities, skills or experience do you have that would enhance the services of Twinkle House?

For Nursing, Social Work Placements only

Do you have any experience of working with children and young people with Disability or studying towards a qualification to work in this field?

What experience or skills do you have that would benefit Twinkle House or enhance your learning and work prospects?

What are you expecting to gain from volunteering or student placement with our organization?

All volunteers working with children and young people require an Enhanced Disclosure & Barring (DBS) check

Are you willing to have a check at Enhanced Level? **YES/NO**

For University Student Placements – we will require a letter and DBS check confirmation from your course

REFERENCES:

Please give details of two referees, indicating in what capacity they know you.

Referees must be non-related persons who have known you for more than two years.

Name:	Name:
Status:	Status:
Address:	Address:
Postcode:	Postcode:
Email:	Email:
Capacity Known:	Capacity Known:

Please state where you heard about this vacancy?

AVAILABILITY: MONDAY/ TUESDAY / WEDNESDAY / THURSDAY / FRIDAY / SATURDAY (Please circle)

How many hours can you offer us per week? _____

SIGNATURE

I confirm to the best of my knowledge the information given on this form is a true and correct record

Signed: **Date:**

Please save/scan and email to: enquiries@twinklehouse.co.uk or alternatively post to:

TWINKLE HOUSE
The Manager
2 Gorsey Place,
East Gillibrands, Skelmersdale WN8 9UP

