



# Volunteer Application Form

*All information on this form is confidential*

Please complete this form and return it to:-

Herts Aid Volunteer Programme  
York House  
45 Baldock Street  
Ware  
Herts  
SG12 9DH

Which volunteer role(s) are you applying for? *(Please tick as appropriate)*

- Driver
- Maintenance
- Cook
- Fundraiser
- Service User Support
- Education / Health Promotion and Chlamydia Screening
- Administration

Why do you want to become a Herts Aid volunteer?  
*(use the back of this sheet if necessary).*

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## Personal Details

Name: .....

Address: .....

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Post Code: .....

Contact telephone number (day):.....

Contact telephone number (evening): .....

Email Address: .....

Skills and Qualifications

Date achieved	Location	Qualification achieved	Subject(s)

Work Experience (include voluntary experience)

Dates in post	Company name and location	Job role	Brief description of responsibilities	Reason for leaving

Any additional relevant skills / work experience / previous volunteering experience:  
*(use the back of this sheet if necessary)*

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## Your Availability

What would be the most convenient times be for you to help Herts Aid? We require a minimum of four hours each month. (Please tick as appropriate).

	MON	TUES	WEDS	THUR	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

Do you have a full and valid UK driving licence? Yes  No

If you have the use of a car are you willing to use it for Herts Aid work? Yes  No

Are you confident driving locally? (i.e. in and around Hertfordshire) Yes  No

Are you confident driving to and from London? Yes  No

## About Yourself

Have you experienced bereavement within the last year? Yes  No

Have you ever been addicted to medication, alcohol or illegal drugs? Yes  No

If so, please can you give some details of the length of your addiction and if applicable how long you have been sober/clean?

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Do you have experience in any of the following areas? (*Please tick*)

- Telephone work
- Counselling
- Working with confidential information
- Caring for someone who is ill
- Caring for someone with a terminal illness

Please provide further information of your experience:  
(use *the back of this sheet if necessary*)

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## General Information

How did you hear about Herts Aid?

- Herts Aid website
- Volunteer website (please specify)
- Volunteer bureau (please specify)
- Local paper
- Guardian

Herts Aid has a responsibility to volunteers. This includes providing:

- Training in HIV and AIDS Awareness**
- Support and Supervision**
- Training in skills and areas of interest you would like to develop further.**

What would you, as a volunteer, expect from Herts Aid?

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## References

Please give the name, address and telephone number of two people, not related to you, from whom references may be obtained. Please also state the capacity in which the referees know you. At least one of the referees should know you in a professional capacity. (For example, your employer, tutor, doctor, teacher or youth worker.)

References are necessary due to the sensitive nature of our work. The referees will be asked their opinions of your ability to undertake roles within Herts Aid.

### REFEREE 1

Name: .....

Address: .....

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Post Code: .....

Contact Telephone: ..... Email Address:.....

Relationship: .....

### REFEREE 2

Name: .....

Address: .....

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Post Code: .....

Contact Telephone: ..... Email Address:.....

Relationship: .....

**Thank you for taking the time to complete this application form.**