



4 Carol Street
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London NW1 0HU
020 7482 2786

connect@women-and-health.org
www.womenandhealth.org.uk

Dear Applicant,

Thank you for applying to volunteer at Women & Health. As you can see from the enclosed form, we need volunteers for a variety of different tasks. Please fill in and return the form to the above address or email.

Please feel free to ring Women & Health if you would like to speak to someone informally before you fill in the form.

I look forward to hearing from you.

Regards

Deborah Sharp
Director

Women + Health provides affordable complementary therapies, counselling and health services to
Women in Camden

Registered Charity No. 296262 Registered Company No. 2101723



VOLUNTEER APPLICATION FORM

NAME _____

ADDRESS _____

TEL NO _____

EMAIL _____

How did you hear about Women & Health?

Why would you like to volunteer for Women & Health?

Please tell us about yourself, your skills and interests

In what way would you like to be involved in the Centre?

Please tick as many as apply:

Reception

Advice/Information work

Newsletter

Driving *

Talks/Training

Centre maintenance

Gardening

Other

Computer work

Filing

Library

Publicity

Crèche work *

Fund raising

Translating/Interpreting
(Please specify language)

* Appropriate training is necessary for some tasks

N.B. Certain areas of work such as reception require a minimum commitment of six to eight weeks.

Please state any other interests here

Are you already involved, or do you wish to be involved with the Centre in any other way e.g. as a user of the services?

(For reasons of confidentiality and good practice any volunteer who is having one-to-one or group counselling at the Centre should ensure that their session is not on the same day as their volunteering.)

Have you any criminal convictions which are not spent? If yes, this will not necessarily affect your application to be a volunteer with W&H.

Yes

No

Please give brief details

Have you any previous volunteering experience? If so, where and what were you responsible for

Please tell us anything about yourself which you feel is important to your volunteering, e.g. your strengths and weaknesses, any personal, cultural religious/spiritual factors, life or work experiences.

When would you be available to start?

How many hours a week would you like to do? What days are you available?

Signed _____

Date _____

Office use only:

Vol. No/Membership No: _____

Start date: _____

Induction: _____

Supervisor: _____

Main work interest: _____

Monthly review date: _____

Training required: _____

References received: _____

Signed: _____