

HT.08a

## Volunteer details form

<b>Name:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Telephone number:</b>	<b>Mobile:</b>
<b>email address:</b>	

<b>Access needs:</b> for example, large print, wheelchair access, personal assistant
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<b>When are you available to volunteer?</b>
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<b>How did you hear about Crossroads Care Cheshire West &amp; Wirral?</b>
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Please give the name of someone we can contact should you be ill at work.

<b>Person to contact in emergency:</b>
<b>Contact numbers:</b>

**References** please give names, addresses and telephone numbers of two people who can provide references for you

<p><b>Name:</b></p> <p><b>Address:</b></p>  <p><b>Telephone:</b></p> <p><b>email address:</b></p> <p><b>How is this referee known to you?</b></p>	<p><b>Name:</b></p> <p><b>Address:</b></p>  <p><b>Telephone:</b></p> <p><b>email address:</b></p> <p><b>How is this referee known to you?</b></p>
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**OTHER VOLUNTEER ROLES OR EMPLOYMENT**

Please tell us the name of any organisation you have volunteered for or any organisation you have been employed by in the last two years

<p><b>Name of organisation where you volunteered or worked</b></p>	<p><b>Month and year you started and finished volunteering or working for the organisation</b></p>
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**Declaration**

<p>I declare that all the information I have given on this form is true and accurate, to the best of my knowledge.</p>	
<p><b>Signed:</b></p>	<p><b>Date:</b></p>

If you would like any help filling in this form then please contact a Care Coordinator on 0151 343 1960 or email [care@crossroadscaring.com](mailto:care@crossroadscaring.com)

Please send your completed form to Crossroads Care Cheshire West & Wirral, GF2 Candy Park Old Hall Road, Bromborough. Wirral CH62 3PE

When we have received your form we will telephone you to invite you to come to the office to discuss the volunteer role.