

Areas of Interest Please tick the volunteering roles you are interested in.

- | | | |
|------------------------|---------------------------|-------------------------|
| 1:1 Befriending Mentor | Family Solutions | Facilities |
| Telephone Befriender | Practical Solutions | Tearoom / Café |
| Group Facilitator | Learning Mentor | Reception & Hospitality |
| Cooking & Horticulture | Employment Support Mentor | Marketing & Promotions |
| Group Mentor | | Event Fundraiser |

Volunteer Details

First Name: Middle Name: Last Name:

Title: Date of Birth: Gender: Male Female Other

Address:

Postcode:

Home Telephone Number: Mobile Number:

Email address:

Contact preference: Post Phone Email

Reason for wanting to volunteer with Community Solutions?

Other Information

- | | | |
|---|-----|----|
| Are you person an ex-offender | Yes | No |
| Have they ever served in the Armed Forces | Yes | No |
| Has anyone in your family ever served in the Armed Forces | Yes | No |
| Do you have a Disability? | Yes | No |

If yes, please give details below:

Equality Information

White	English / Welsh / Scottish / Northern Irish / British Irish Gypsy or Irish Traveller Any other White Background
Mixed / Multiple Ethnic Group	White and Black Caribbean White and Black African White and Asian Any other Mixed / Multiple Ethnic Background
Asian / Asian British	Indian Pakistani Bangladeshi Chinese Any other Asian Background
Black / African / Caribbean/ Black British	African Caribbean Any other Black / African / Caribbean Background
Other Ethnic Group	Arab Any other Ethnic Group

Referrer Details

Name: Agency Name:

Address:

Postcode: Contact Number(s):

Email:

I confirm that the individual outlined in this document has given verbal consent to refer to Community Solutions and for their details to be forwarded to relevant partner agencies, if additional needs are identified. **Please initial the box to confirm.**

Date: Initial: