



Volunteer Application Information

Name:	
Contact Number:	
Email Address:	
Address:	

What excites you about volunteering for this project? (i.e. why are you interested?)

Have you volunteered before in similar projects? If yes, please give the project name & organisation

Please tick as appropriate

I have experience and skills in the following areas:

- Community Events Organising
- Community Events Facilitating
- Planting, growing and/or cooking vegetables
- Allotment Keeping
- IT and/or Admin
- Social Media
- Other (please specify): _____

Are you Exeter based? Yes No

If No, how far do you need to travel?

- Up to 30 minutes Up to 1 hour 1-2 hours
- Other (please specify): _____



Please tick the day(s) and time(s) most suitable/appropriate for volunteering availability:

- | | | | |
|------------------|----------------------------------|------------------------------------|----------------------------------|
| Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| Sunday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

Reference

Name:	
Capacity in which you know this person:	
Email Address:	
Contact Number:	

Health and Safety

Do you have a disability or a health issue (including pregnancy) which you would like us to take into account?

- Yes No

If Yes, please give details:

Please provide us with an emergency contact name and number* for someone we can get in touch with, in case of emergency

Name:	
Relationship:	
Contact Number:	

***This will be treated confidentially, and will be stored securely, and the emergency contact will only be contacted for that purpose.**



Please tell us how you found out about this project:

- Website
- Other organisation(s) – please give name(s): _____
- Word of Mouth

CONSENT and AGREEMENT

I confirm that the information I have given above is correct.

I understand that completing the application form does not guarantee a place on this project, and that my participation is subject to finding a suitable match.

Signed:	
Date:	

Thank you for completing this application. Please return it to the Project Coordinator, Sahar Alnaas:

by email: sahar.alnaas@exetercommunitiestogether.org.uk

Or by post to:

Exeter Communities Together project
 Ubuntu Counselling Services
 Room 1.5, Civic Centre
 Paris Street
 Exeter
 EX1 1JN