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###### **Disability Sheffield Volunteer Application Form**

Thank you for your interest in volunteering with us.

If you need this application form in any other format or you have any difficulty filling out this form please contact us on 0114 253 6750 or email info@disabilitysheffield.org.uk

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| --- |
| **Personal Details**  |
| **Name:****E-mail Address:****Tel Number (Landline):****Mobile:**  |   | **Address:**

|  |
| --- |
| **Post Code:** |

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**Which role are you applying for? (Please tick)**

[ ]  Disability Information Service Volunteer

[ ]  Web and Social Media Volunteer

[ ]   Community Network Volunteer

[ ]  Advocacy Volunteer

[ ]  Sheffield Cycling 4 All Volunteer (feel free to tick as many of the roles below as you wish)

 [ ]  Cycling Ambassador

 [ ]  Office Volunteer

 [ ]  Refreshments Volunteer

 [ ]  Session Cycling Volunteer

 [ ]  Session Reception Volunteer (meet and greet)

**Please let us know when you are available to volunteer**-

Monday AM [ ]  PM [ ]

Tuesday AM [ ]  PM [ ]

Wed AM [ ]  PM [ ]

Thursday AM [ ]  PM [ ]

Friday AM [ ]  PM [ ]

Saturday AM ☐ PM ☐

**When could you start from? \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Please answer the questions on the next pages in support of your application. Feel free to attach additional paper if needed.**

**What attracted you to this role?**

**What skills, knowledge or experience do you bring to this role?**

**What would you like to achieve through your voluntary work at Disability Sheffield?**

**Do you have any support needs relating to impairment? If so please tell us here -**

**Do you have a preferred method of communication? If so please tell us here -**

**Photographs:**

We sometimes take photos and videos to use on our website and for publicity. Please let us know if it’s alright to take and use your photo in this way.

Yes  [ ]  No [ ]

**Please supply the name and address of a referee, who knows you well**

**(Not a family member)**

If you have difficulty in supplying a reference please let us know.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:****E-mail Address:****Tel Number (Landline):****Mobile:**  |   | **Address:**

|  |
| --- |
| **Post Code:** |

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**Please let us know how your referee would prefer to be contacted**

**Thank you for completing the application form.**

If you are returning this form as an attachment please mail to:-

info@disabilitysheffield.org.uk

If you are returning this form by post please post to:-

**Disability Sheffield**

**The Circle**

**33 Rockingham Lane**

**Sheffield S1 4FW**