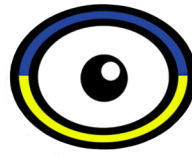


Admin Use Only  
Date Received:



**Coventry Resource  
Centre for the Blind**  
Registered Charity: 1134570

## Volunteer Application Form

Forename(s):

Surname:

Address:

Home Phone:

Mobile Phone:

Postcode:

Email Address:

Date of Birth:

Do you hold a valid driving licence? YES / NO  
Do you have use of a car? YES / NO

**Please answer the following questions as fully as possible. This information will help us to offer you the right placement, as well as improve our service to you.**

Please tell us how much time you would be willing and able to contribute by indicating your availability in the table below. (Please tick as appropriate.)

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
am							
pm							
eve							

What has attracted you to become a volunteer at Coventry Resource Centre for the Blind (CRCB)?

CRCB values all volunteers regardless of skill, ability or experience. Do you have any skills you feel would particularly benefit the charity in providing its services for and on behalf of blind and partially sighted people?

Please outline the work experience or jobs you have had over the course of your life.

Have you ever been a volunteer before? YES / NO

If YES, please say who you volunteered for, when and in what capacity.

Are there any skills or experiences that you would particularly like to develop through your volunteering work with CRCB? What would you like to achieve through volunteering with CRCB?

Please indicate below if there are any particular activities or roles that would interest you. (Tick all that apply.)

Monday Club - social group (sessional support)	<input type="checkbox"/>	Minibus Driving (must have full driving licence)	<input type="checkbox"/>
IT/Computers (sessional support)	<input type="checkbox"/>	Minibus Escort	<input type="checkbox"/>
Manual Sign Language (class)	<input type="checkbox"/>	General Administration	<input type="checkbox"/>
Smartphones & Tablets (sessional support)	<input type="checkbox"/>	Marketing/Publicity	<input type="checkbox"/>
Music Group (sessional support, participation)	<input type="checkbox"/>	Building/Grounds Maintenance	<input type="checkbox"/>
Cook & Eat Well (sessional support)	<input type="checkbox"/>	Other:	
Craft Club (sessional support, participation)	<input type="checkbox"/>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Lunch Club (sessional support)	<input type="checkbox"/>		
Allotment Club (sessional support, participation)	<input type="checkbox"/>		
Fundraising (support, organisation, participation)	<input type="checkbox"/>		

Are there any ways that CRCB could support you in your volunteering role?

Do you have any health conditions of which we should be aware? YES / NO

If YES, please give brief details.

Please provide us with an Emergency Contact

Name:

Telephone Number(s):

**References**

**All offers of volunteer work are subject to receipt of satisfactory written references.**

Please provide details of two referees. (Please note: your referees must not be related to you.)

	<b>Referee 1</b> (Current or most recent employer)	<b>Referee 2</b>
Name:		
Job Title:		
Company Name:		
Address:		
Telephone Number:		

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

When completed, please return this form to:

**Coventry Resource Centre for the Blind**  
**33 Earlsdon Avenue South**  
**Coventry**  
**CV5 6TH**

**Or by email to: [admin@crcb.org.uk](mailto:admin@crcb.org.uk)**

For more information or for help completing this form,  
please call 024 7671 7522 or email [admin@crcb.org.uk](mailto:admin@crcb.org.uk)

**Notes**