



## Volunteer Application Form

<b>Name</b>		<b>Address</b>	
<b>Home number</b>	<b>Mobile number</b>	<b>Date of birth</b>	
<b>Email address</b>			
<b>How many hours are you available to give?</b>		<b>Are there any days you are unavailable?</b> ie holidays, study, hospital appointments etc	
<b>Do you have your own transport?</b>		<b>If not can you use public transport?</b>	
<b>What experience of disability do you have?</b>			
<b>Why do you want to be a Volunteer at Disability Solutions?</b>			
<b>Have you any other skills, experience etc which will help you with this work (including voluntary work etc)</b>			
<b>Please give names, contact details of 2 people who know you well so that we can contact them for a reference</b>			
<b>1)</b>		<b>2)</b>	
<b>Tel number email</b>		<b>Tel number email</b>	