INTERGEN-TRAFFORD - VOLUNTEER APPLICATION FORM

Title & Surname	**Name**	**Preferred name**
Address		
Email		**Date of Birth**
Best phone number	**Alternative number**	

How did you hear about Intergen-Trafford?			
Other Volunteers ☐	Website ☐	Facebook ☐	Volunteering event (please specify)
School		Other specify	

Tell us a little about yourself (skills, hobbies, interests and work both in and out of the house)

Why do you wish to volunteer in a school? (in preference to other volunteering opportunities)

Activities in school preferred				
Reading ☐	Art & Crafts ☐	Science /Maths ☐	Cooking ☐	Gardening / Outdoors ☐
Music / Choir ☐	Class support ☐	Office support ☐	Other specify	

Preferred school

What is your availability?				
Monday AM ☐	Tuesday AM ☐	Wednesday AM ☐	Thursday AM ☐	Friday AM ☐
Monday PM ☐	Tuesday PM ☐	Wednesday PM ☐	Thursday PM ☐	Friday PM ☐
Flexible ☐		Only occasionally ☐		

Do you have health conditions, sensory deficits, mobility issues that may require a reasonable adjustment or additional support?

Office only

Coordinator	**DBS number**	**DBS date**
Enquiry date	**School**	**Start date**