

1 Bayham Road
West Ealing
London
W13 0TQ

Office line: 020 8840 8717
Direct line: 020 8840 3682
Email: ecil@ecil.org

Volunteer Application Form

This post will be DBS checked

Please return to	Ellen Collins, Office Manager
Application for the role of	ECIL volunteer

Please complete in black ink (if completing by hand) or typed, confining your answers to the space provided.

Full name	
Home address	
Home phone	Daytime phone

Present or most recent employment/voluntary work

Post held	Date started	If left, date left
Name of employer		
Reasons for Leaving		
Address of employer		

Details of previous volunteering

Organisation	Post held	Dates

Referees (we need references from people who can comment on your ability to do your job, one of whom must be your present or most recent employer)

Name	Name
Address	Address

Please provide details of your next of kin or someone we can contact in case of emergency:

Name **Relationship to you**

Address

.....
.....
.....

Contact Telephone Number

Why do you want to volunteer in this role?

Any other information relevant to your application, which you have not already mentioned, i.e. hobbies, interests etc.?

Are you disabled in any way, and do you need any facilitation to help you with your volunteer work?