

**Volunteer Application Form**

|  |  |
| --- | --- |
| **Name:**  |    |
| **Address:**  |    |
| **Tel No:**  |    |
| **Email:**  |    |
| **D.O.B:** |  |

**Where did you hear about our Organisation? (please circle the response)**

|  |  |  |  |
| --- | --- | --- | --- |
| Used the service  | Volunteer Centre  | Word of mouth  | Friend/ Family  |
| At a talk  | In the media  | Other (please specify)  |

**ABOUT YOU**

Are You:(   ) Hard of Hearing  (   ) Deaf  (   ) Deafened  (   ) Hearing

Sign Language Skills:(   ) BSL 1  (   ) BSL 2  (   ) BSL 3  (   ) BSL 4

**You must have some level of BSL to be able to work with the clients at Merseyside Society for Deaf people**

**Qualifications -**

Please list any that you have obtained, which may be relevant to this role:

**Experience**

Please detail your experience and qualities,which might be useful in our organisation? (*Please attach an additional page if necessary*)

 Why do you want to volunteer with us?

**Preferences**

MSDP provide services to a wide variety of the community, if you have a preferred area of work, please indicate this below:

Deaf (  )  Deaf Blind (  )  Hard of Hearing (  )

MSDP require volunteers for a number of different settings and activities.  Please indicate below the social settings you would be prepared to work in:

(   ) Information events (   ) Charity collections (   ) Supermarket bag packs

(   ) Office work (   ) Home visits (   ) Outings/Trips

(   ) Social activities (   ) Transport      (   ) Befriending

Please tick when you would be available. (please tick the necessary box(es)

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Morning**  | **Afternoon**  | **Evening**  |
| **Monday**  |   |   |   |
| **Tuesday**  |   |   |   |
| **Wednesday**  |   |   |   |
| **Thursday**  |   |   |   |
| **Friday**  |   |   |   |
| **Saturday**  |   |   |   |
| **Sunday**  |  |  |  |

Is there anything else you wish to tell us about yourself?

Please provide us with the names of two people over the age of 18, not related, who can provide you with references. These can be personal acquaintances, former/current colleagues, employers or anyone else who would be able to comment on your suitability as a volunteer.

|  |  |  |
| --- | --- | --- |
|   | **Referee 1**  | **Referee 2**  |
| Name:  |   |   |
| Address:  |   |   |
| Tel No:  |   |   |
| Email:  |   |   |
| Relationship:  |   |   |

Please sign and date your application below:

|  |  |
| --- | --- |
| Signed:  |    |
| Print:  |    |
| Date:  |    |

Thank you for completing this application form, please sign and return to:

Mandy Cain

Community Development Officer/Volunteer Coordinator

Merseyside Society for Deaf People

396 Queens Drive Retail Park

West Derby

Liverpool

L13 0DJ

Email: mcain@msdp.org.uk

Tel No: 0151 228 0888 Ext: 216

Mobile: 07561700475 (Text/video call only)