



EPPING FOREST DISTRICT CAB APPLICATION TO BECOME A CAB VOLUNTEER

Please read the accompanying information before completing this form. Feel free to continue answers on a separate sheet if necessary. If you find the form difficult to understand or complete, please call us.

FULL NAME <small>(Mr/Mrs/Ms/Other) please state</small>			
ADDRESS			
EMAIL <small>(if you have access)</small>			
DATE OF BIRTH		TELEPHONE	

Which volunteering role(s) are you interested in?

Why do you want to volunteer for CAB? *What do you hope to get from the experience?*

Education & Training —Please list any education and/or training (including short courses) that you have undertaken	
Education/Courses/Training	Qualifications

Briefly describe any skills you have that would be useful for the role you wish to do.
Some we have thought of include: dealing with people face-to-face or on the phone, speaking writing a language other than English, sign language, filing, research, using a computer and other IT skills, helping people to learn

Is there anything you have done over the past few years that you would like to tell us about?
e.g. employment work experience, volunteering, community activity (involvement in tenants associations, school activities, support groups etc); caring for children, other relatives or a friend; classes, training courses

Volunteers who wish to train as advisers only: *Have you ever committed an offence under section 25 and 26 (1) (d) or (g) of the Immigration Act of 1971? (These offences concern assisting illegal entry, falsifying documentation or obstructing the authorities investigating immigration offences. If you have committed one of the offences above you may still be able to be an adviser: however, we would have to contact the Office of Immigration Services Commissioner in order to discuss the issues)*

Please tick as appropriate YES NO

It is useful to know when you will be able to volunteer. Please indicate below the times when you are generally available.

	AM	PM
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

Please indicate approximately how many hours or days per week you would like to volunteer for:

Are there any times that you are unlikely to be available, e.g. school holidays?

References - Please give the name and addresses of two people, other than your family, who can tell us about you - for example, an employer, teacher or someone who knows you well.

Name	Name
Address	Address
Postcode	Postcode

Please tell us about any specific needs you would like us to take into account, either at the interview or if we offer you a volunteer role: e.g. mobility, childcare responsibilities. This information will be treated as strictly confidential

Signed

Date

Please return this form to
 Epping Forest District Citizens Advice Bureau
 Loughton Branch
 St Mary's Parish Centre, High Road
 Loughton, Essex IG10 1BB