



Headway, Bedford  
Bedford Health Village, Kimbolton Road, Bedford, MK40 2NT  
**Tel:** (01234) 310310, **Fax:** (01234) 310311  
**Email:** [volunteering@headwaybedford.org.uk](mailto:volunteering@headwaybedford.org.uk)  
[www.headwaybedford.org.uk](http://www.headwaybedford.org.uk)



## Application Form for Volunteers

### PERSONAL DETAILS (in block capitals please)

Last name \_\_\_\_\_ Mr/Mrs/Miss/Ms

First name(s) \_\_\_\_\_ Are you over 16?: YES / NO

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Email address \_\_\_\_\_ Mobile No \_\_\_\_\_

Daytime Telephone Number (if different) \_\_\_\_\_

Person to Contact In Case of Emergency \_\_\_\_\_ Telephone \_\_\_\_\_

If you have any illness or disability of which you would like us to be aware, please give details:

\_\_\_\_\_

Please state where you heard about our volunteering opportunity

\_\_\_\_\_

### AVAILABILITY

**Please tick to indicate when you are most likely to be available to volunteer.**

Please give as many alternatives as possible. Flexible times can be arranged.

|           | Mon   | Tues  | Wed   | Thurs |
|-----------|-------|-------|-------|-------|
| <b>AM</b> | _____ | _____ | _____ | _____ |
| <b>PM</b> | _____ | _____ | _____ | _____ |

**A.M Session – 10.00am – 1pm**

**P.M Session – 12.30pm – 3.30pm**

## EXPERIENCE

What skills and experience can you bring to Headway?

**Previous employment, voluntary work, training, relevant personal experience, interests (brief details please)**

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## VOLUNTEERING

Why do you want to be a volunteer with Headway/ What do think Headway can offer you?

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Which areas are you interested in working in? (Please tick any that interest you)

- |  |                                    |   |                                  |
|--|------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Admin Support       | <input type="checkbox"/> Art       | <input type="checkbox"/> Cognitive Sessions | <input type="checkbox"/> Cookery |
| <input type="checkbox"/> IT                  | <input type="checkbox"/> Marketing | <input type="checkbox"/> Physiotherapy      | <input type="checkbox"/> Crafts  |
| <input type="checkbox"/> Speech and Language | <input type="checkbox"/> Gardening |   |                                  |

Any other information you feel may be relevant.

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Do you have any skills, hobbies or interests that you feel could be used at Headway?

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## REFEREES

Please give us the names and addresses of two people who can be asked to provide professional references. Please note that we may out reference requests before the informal interview.

|               |       |               |       |
|---------------|-------|---------------|-------|
| Name          | _____ | Name          | _____ |
| Address       | _____ | Address       | _____ |
|               | _____ |               | _____ |
|               | _____ |               | _____ |
| Telephone No  | _____ | Telephone No  | _____ |
| Email Address | _____ | Email Address | _____ |

**Headway Bedford aims to promote equality of opportunity for all with the right mix of talent, skills and potential. Criminal records will be taken into account for recruitment purposes only when the conviction is relevant. Unless the nature of the work demands it you will not be asked to disclose convictions which are 'spent' under the Rehabilitation of Offenders Act 1974. Having an 'unspent' conviction will not necessarily bar you from volunteering. This will depend on the circumstances and background to your offences.**

**As Headway meets the requirements in respect of exempted questions under Rehabilitation of Offenders Act 1974, in positions for which it is appropriate, potential volunteers will be subject to a criminal record check from the Disclosure and Barring Service, before their acceptance is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_