



**WEST NORFOLK DEAF ASSOCIATION
VOLUNTEER APPLICATION FORM**

Mr/Mrs/Miss/Ms:				
First Name(s):				
Address:				
Email :				
Post Code				
Tel (inc STD)				
Date of Birth:				
Please tick:	Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> House person <input type="checkbox"/> Other <input type="checkbox"/>			
Availability for work	Monday	Am	Pm	
(please indicate)	Tuesday	Am	Pm	
	Wednesday	Am	Pm	
	Thursday	Am	Pm	
	Friday	Am	pm	
Drivers Licence held?				

Do you have a job at the moment?
If so, please give details below.

Full time/Part-time/Retired/Unemployed/Other

Have you done voluntary work before?
If so, what type of work were you involved with and with which organisations?

Have you any experience of working/living with deaf or hard of hearing people?
Please tell us about it.

Briefly, describe why you wish to be a Break-out volunteer?

Do you consider yourself as having a disability?
If so, please give details.

WNDA have to carry out CRB checks with the Criminal Records Bureau, for all voluntary workers. Do you object to this? Yes/No

Please give the names, addresses and telephone numbers of two people who know you and who will give you a reference.

1.

2.

I wish to apply to become a Break-out Club Volunteer and I certify that the above statements are true.

Signed.....Date.....