

**I’m Interested in Volunteering**

Please complete this form so we know a little bit more about you and why you want to volunteer with The Elfrida Society.

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| --- | --- |
| Your full name |  |
| Date of birth |  |

Contact details

|  |  |
| --- | --- |
| Address  Post code |  |
| Telephone number(s) |  |
| Email |  |

Have you seen a role on the website you are interested in? If so, please write the role title here.

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What interests, skills and hobbies do you have that may be useful to Elfrida? (We like to match volunteers and their interests, skills and hobbies with the needs of the people we support to make the experience more meaningful to everyone)

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Have you done any volunteering in the past? If so, please tell us what you have done.

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Why do you want to volunteer with Elfrida? What are you hoping to gain from volunteering with us?

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Do you have any experience working or volunteering with people with a learning disability? If so, please tell us here.

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Do you need any additional support to volunteer? Or do you have any health needs we should know about?

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When are you looking to volunteer? And for how long?

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How far are you willing to travel?

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Would you like to receive our monthly e-newsletter? Yes  No

|  |  |
| --- | --- |
| Date |  |

Thank you for your interest in volunteering with The Elfrida Society. We will store your data safely in accordance with our Data Protection policy. For more information about our work, please visit [www.elfrida.com](http://www.elfrida.com)