# Café Volunteer Application Form v1.1

**Role: Date:**

*Please complete this form in full. Curriculum vitae will not be accepted as a substitute. Please use black ink or type*.

|  |  |
| --- | --- |
| Surname: | First name: |

|  |
| --- |
| Languages Spoken: |
| Address:  | Home Telephone No:  |
| Mobile Telephone No:  |
| Work Telephone No:  |
| Email:  |

Please state where you saw this post advertised:

# Education and Training

Please give details of Education and Qualifications obtained from Secondary School, Further and Higher Education listing the most recent first if applicable.

|  |  |  |
| --- | --- | --- |
| Place of Study | Dates | Qualification – please state subject & grade |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Employment

Please give employment details for the last 10 years, listing the most recent first if applicable.

|  |  |  |
| --- | --- | --- |
| From/ToMonth/Year | Employer’s Name, Location and Nature of Business | Job Title, outline of duties and reason for leaving |
|  |  |  |

# Voluntary Work

Please give details of any voluntary work undertaken if applicable.

|  |  |  |
| --- | --- | --- |
| Organisation | Dates | Role |
|  |  |  |

Please use this space to tell us a little more about yourself and why you would like to volunteer in our café.

|  |
| --- |
| Please let us know if, due to a disability or ill health, we need to make any special arrangements in order to facilitate your interview or your volunteering with us. |

# Days and Times Available (please tick all available)

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

# References

Please give the name, telephone number and the e-mail address for two people who have agreed to act as referees for you. If applicable we would prefer one of your references to be from a recent employer/teacher. The second reference is a character reference and should be someone who has known you for at least three years (but not a member of your family).

We will only contact referees should you be successful at interview.

|  |  |
| --- | --- |
| Referee Name:  | Referee Name:  |
| Position:  | Position:  |
| Organisation:  | Organisation:  |
| Telephone No:  | Telephone No:  |
| E-mail:  | E-mail:  |

Signed: ...................................... Date: ...........................

Please check that to the best of your knowledge, all information given on this form is correct. To deliberately give false or incomplete information may make you liable to dismissal. Please return the completed form to: Alison Savage, alison.savage@thecfc.org.uk or by post to 40 Mayors Road, Altrincham, Cheshire WA15 9RP.

Date received by The Counselling & Family Centre: