

BATIAS
Application & Information Sheet for Volunteers



Name: _____ Contact Numbers: _____(home)

Address: _____(work)

_____ (mobile)

_____ Email: _____

Age: 18 – 30yrs 30 – 45yrs 45- 60yrs Over 60yrs

Have you any experience of people with a learning disability e.g. as a friend, relative, through work or as a volunteer? Please give details below.

Have you any experience of voluntary work? Please give details below.

What type of volunteering would you be interested in doing?

Citizen Advocacy, Self Advocacy Support volunteer, Public Relations Volunteer, Promotional Assistant, IT Volunteer, Board of Trustees Member, Sponsored Activities Volunteer, or something else? (Please state)

Do you have any other skills which you feel may be relevant?

Do you have access to your own transport? YES NO

How much time do you have to act as a Volunteer?

In which area would you like to volunteer?

a) Southend b) Basildon c) Brentwood d) Thurrock e)Other _____

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If you are working at present, who is your current employer?

Are you in good health? If you have had any recent illness or health problems, you may wish to give details below.

Because Volunteer Citizen Advocates work with vulnerable adults, Police checks will be made. Please state if you have any objection to a check being made and inform us of any relevant information.

Have you any further comments or information you would like to provide?

Please give details of TWO referees of at least two years' standing, one of whom should be a professional person, i.e. doctor, Priest, employer etc.

Name: _____ Name: _____

Nature of Relationship: _____ Nature of Relationship: _____

Address: _____ Address: _____

Email: _____ Email: _____

Tel No: _____ Tel No: _____

Your Signature _____ Date _____

Please return this form to:

**BATIAS, The Beehive Voluntary and Resource Centre, West Street, Grays,
Essex. RM17 6XP**