

Peer Support Volunteer Application Form

Please complete this form using **BLOCK CAPITALS** and sign the declaration at the end.

Information provided by you will be treated in strict confidence.

Surname:	First name(s):
Title: Mr / Ms / Mrs / Miss	Home phone:
Home address:	Mobile phone:
	Email address:

Please tick any of the below areas of peer support volunteering which may be of interest to you:

- Helping run a support group located in _____
- One-to-one telephone peer support
- Helping run in-clinic support located in _____
- I don't know at this stage

Why do you want to volunteer with Cardiomyopathy UK?

Do you have any previous/current volunteering experience?

If yes, please give details below:

How much time can you offer for volunteering at Cardiomyopathy UK?

More About You

Are you currently employed?

Yes, full time

Yes, part time

No

What are your interests/hobbies?

Can you use a computer?

Yes

No

If 'yes', please give details below (e.g. 'spreadsheets'):

Are you happy answering the phone/making calls?

Yes

No

Is there anything that you would prefer not to do?

Yes

No

If 'yes', please give details below:

Skills, employment background, special/professional qualifications

(Please summarise below or include a copy of your CV if preferred)

REFEREES

Please give the names and addresses (and email addresses if possible) of two referees known to you, other than relatives. These may be character references.

Name:	Name:
Address:	Address:
Email:	Email:

SUPPORTING INFORMATION

Use the space below to provide any further information which you think may be useful to us:

DECLARATION

To the best of my knowledge all the information I have given is true. I give my consent for my personal information to be processed in relation to my application for volunteering in line with the requirements of the Data Protection Act.

I understand the information given in this form will only be used in relation to my application for volunteering. By signing this declaration I am giving my express consent for you to retain and process this information under the Data Protection Act 1998.

Signed: _____ Date: _____

For the good of our environment, please return your completed form **by email** to:
christie.jones@cardiomyopathy.org

(If you are having issues completing the form electronically, please send a brief email to the address above and we will provide a mailing address for our offices)