

# REQUEST FOR A VOLUNTEER



*Where possible, this form should be filled out in consultation with the person who will receive a volunteer*

<b>Date:</b>	<b>Name of Person Requesting a Volunteer:</b>		
<b>If you are filling out this form on behalf of someone else, please share:</b> Your name: Your contact phone number: Your relationship to the person requesting a volunteer:			
<b>Key Support Staff Name:</b>	<b>Organisation:</b>	<b>Position:</b>	<b>Support Staff Contact Details:</b>
<b>Contact Details of the Person Requesting a Volunteer:</b> Phone: _____ Address: _____ Mobile: _____ Email: _____			
<b>What is the best method of contact:</b> <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Staff <input type="checkbox"/> Family			
<b>Living situation:</b> <input type="checkbox"/> Full residential <input type="checkbox"/> Supported living <input type="checkbox"/> Living at home			
<b>Date of Birth :</b>		<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>What are you interested in doing together with a volunteer?</b> <i>For example: play sport, watch movies, learn something new</i>			
<b>How often do you want to do this?</b> <i>For example: once a week, once a fortnight or once a month?</i>			
<b>On which days are you available?:</b> <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun			

**Tell me about your week from Monday to Sunday:** *For example: Monday: go to work, Sunday: go to Church*

**Have you had a volunteer before? If yes, what was their name and about how long ago was that?**

**What sort of personal safety support will be required:**

**Is there any Health or Medical alerts that we should be aware of** ( food allergies, epilepsy, autism, mobility needs)

**Please return this form to:**

(name) Volunteer Coordinator

Region

Address:

Direct Dial:

Mobile:

Fax:

Email:

**Date request form received:** \_\_\_\_\_

**Accepted**

**Declined**

**Requestor informed** \_\_\_\_\_ **Date**