



Volunteer Interest Form

Mr/Mrs/Ms/Miss/Other: _____ First Name: _____

Surname: _____

Address: _____

Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Preferred method of contact? Telephone Mobile Email

Emergency contact (name and number): _____

How did you hear about Home-Start Barnet? _____

Are you over the age of 16 years? _____

Please tick below any areas in which you may be interested in volunteering in:
See role descriptions for further information

Admin Fundraising Home-Visiting Community Coaching Retail Support (East Barnet)

Which days/times are best for you to volunteer?
Please tick all that would suit

Weekdays Weekends Daytime Flexible School Term

School Holidays Other (please specify)

Do you have any disabilities or health issues which would be useful for us to know about and are there any reasonable adjustments we can make for you?
(e.g. wheelchair access etc)

Further information
If there is anything else you would like us to know, please include it here. (Please continue on a separate sheet if required)

Personal References

*Please provide the name, address and contact details for **two** people who you know and are not family members.*

Name:

Name:

Address:

Address:

Telephone:

Telephone:

Email:

Email:

How do you know this person?

How do you know this person?

Please return to:

Home-Start Barnet

Avenue House

17 East End Road

London

N3 3QE

OR

By email to: luci@homestartbarnet.org