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| York Carers Centre is committed to meeting the needs of all Carers in York and improving their quality of life, helping them to fulfill their full potential and live their own life alongside their caring role.  **Registered Charity No. 1127644 Company No. 06760783** |
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**Volunteer Application Form**

**York Carers Centre**

**17 Priory Street**

**York, YO1 6ET**

**01904 715490**

[**www.yorkcarerscentre.co.uk**](http://www.yorkcarerscentre.co.uk)

[**enquiries@yorkcarerscentre.co.uk**](mailto:enquiries@yorkcarerscentre.co.uk)

# **York Carers Centre application procedure**

### The application may be sent via email or post.

Applications will be reviewed for:

* Maturity
* Reliability
* Commitment to service
* Commitment to learning
* Openness to other cultures

Applicants who best meet these criteria will be selected for the role.

Any questions about the programme or the application process may be directed to [enquiries@yorkcarerscentre.co.uk](mailto:enquiries@yorkcarerscentre.co.uk) or 01904 715490.

**Volunteer with York Carers Centre**

**Application Form**

**Personal details**

Full Name: Mr/Ms/other (please state)­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_

Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer role applied for (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFERENCES: Please provide the names and contact details of 2 referees**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | Position | Address | Phone Number | Email Address | Relationship to you |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

#### Personal statement

**Describe yourself as a person**

**Why do you want to become a volunteer with York Carers Centre?**

**How would this position help you achieve your educational, career, or personal goals?**

**What do you want to contribute and what do you want to gain by volunteering?**

**What skills and experience (including hobbies) do you have that you could share with York Carers Centre?**

**What do you think will be most challenging about the role and how will you manage this?**

Please use over page if necessary

**Relevant experience**

Please give a brief description of your experience in the following fields:

**Volunteering with another organisation**

**Work/ Professional experience**

**Education/training received**

**Please indicate the days you would be available for volunteering**

Monday Tuesday Wednesday Thursday Friday Saturday

**Please indicate the time of day you may be able to volunteer**

Mornings Afternoons Full Day

This application is a true and honest representation of me and my experience. I agree that the York Carers Centre may verify this information at its discretion, including contacting my references for information.

Applicant's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please email this form directly to York Carers Centre

[enquiries@yorkcarerscentre.co.uk](mailto:enquiries@yorkcarerscentre.co.uk)

or post to: York Carers Centre, 17 Priory Street, York YO1 6ET



  