



Application form

Post applied for: Volunteer

Preferred title:	First name:
Surname/family name:	
Address:	
Post code:	
E mail address:	
Tel. (home):	Tel. (work or mobile):

References please give names, addresses and telephone numbers of two people who can provide references for you. If possible these should be current or previous employers.

Present or previous employer	
Name:	Name:
Job title:	Job title:
Organisation:	Organisation:
Address:	Address:
Telephone:	Telephone:
E mail address:	E mail address:
How is this referee known to you?	How is this referee known to you?
Do you wish to be contacted before we approach this referee? Yes/No	Do you wish to be contacted before we approach this referee? Yes/No

Please tell us why you would like to help Crossroads Care as a volunteer

What skills do you think you could bring to Crossroads Care?

Declaration

I declare that all the information I have given on this application form is true and accurate, to the best of my knowledge.

Signed:

Date:

Please return to:

**Crossroads Care Cheshire East, Manchester and Tameside
Overton House, West Street,
Congleton, Cheshire CW12 1JY Tel 01260 292850**