Wilberforce Trust

Volunteer application form

First name and surname	
Address	
Email	
Telephone number	
Address	
Preferred method of contact:	[ ] Text [ ] Email [ ] Telephone
How did you hear about volunteering with the Wilberforce Trust?	
Select as many volunteering options as you wish to participate in	[ ] Club Wilber [ ] Living & Learning Zone [ ] Fundraising and Events [ ] Befriending
We are also interested in increasing service provision to people with hearing impairments. Are you familiar with [ ] British Sign Language (BSL) and/or [ ] Makaton?	
Please select as appropriate	[ ] Student [ ] Employed full time [ ] Employed part time [ ] Currently unemployed [ ] Retired
Please include details of two of your referees.	Name and surname Email Telephone Name and surname Email Telephone
Please include details of your emergency contact	Name Mobile phone Address
Please provide an indication of your availability for example Tuesdays afternoon, weekends, weekday mornings, etc	
Do you require special adaptations due to disability or health issues like allergies, dietary restrictions, etc. [ ] No [ ] Yes (please provide details below)	
For the purposes of training and communication, could you please indicate if you have access to [ ] Smart phone [ ] Computer [ ]Printer	
Do you need any communication support with this enquiry? [ ] No [ ] Large Print [ ] Audio [ ] Easy read	

Please send your completed application to volunteering@wilberforcetrust.org.uk or post it to:

Wilberforce Trust Volunteering, Wilberforce House, The Grove, Dringhouses, York YO24 1AN