



'I mi' Volunteering Application Form

Charity Name	'I mi' Community Advocacy Support Services
Position Applied For	
Date of Application	

1. Personal Information

Full Name	
Date of Birth	
Address	
Phone Number:	
Email Address:	

2. Emergency Contact Details

Name:	
Relationship	
Phone Number	
Address	

3. Availability

Please indicate the days and times you are available:

Day	Times Am	Times PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		



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Preferred Start Date	
How many hours per week can you volunteer?	

4. Skills & Experience

Please outline any relevant skills, qualifications, or experience:

Do you have any previous volunteering experience?	Yes	No	If yes, please provide details

5. Interests & Motivation

Why would you like to volunteer with our charity?	
What do you hope to gain from this experience?	

6. Health & Accessibility

Do you have any medical conditions, allergies or accessibility requirements we should be aware of?	Yes	No	If yes, please provide details



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7. References

Please provide details of two referees (not a family member):

Name:		Name:	
Relationship:		Relationship:	
Phone/Email:		Phone/Email:	

8. Background Checks

Roles will require a background check.	Yes	No	Comments
Are you willing to undergo a background check?			
Have you ever been refused a paid or volunteer position in the past due to failing a background check?			
Do you currently have an in-date DBS?			
If so is this on the transfer list?			

9. Declaration

I confirm that the information provided in this application is accurate to the best of my knowledge.

Signature	
Date	

Please email completed application to imicass@outlook.org.uk



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For Office Use Only

Date Received	
Interview Date	
Decision	
Notes	



Thank you for your interest in volunteering!