



Southampton Sight

supporting people living with sight loss

3 Bassett Avenue, Southampton, SO16 7DP

Tel: (023) 8076 9882 Email: support@southampton sight.org.uk

Volunteer Application Form

Personal details				
Date				
Title	First Name(s) *		Last Name *	
Address *				
Postcode *	Telephone No *		Mobile	
Date of birth *	Gender		Email *	
Name and telephone number of person to contact in an emergency *				
How did you hear about volunteering at Southampton Sight?				
<input type="checkbox"/> Recommended by another volunteer				
<input type="checkbox"/> Southampton Sight Website				
<input type="checkbox"/> Word of mouth				
<input type="checkbox"/> Social media				
<input type="checkbox"/> DO-IT				
<input type="checkbox"/> Southampton Voluntary Service				
<input type="checkbox"/> Other (please specify)				
<input type="checkbox"/> Solent University				
Ethnic Group				
<input type="checkbox"/> White - British				
<input type="checkbox"/> Black – British				
<input type="checkbox"/> White - Irish				
<input type="checkbox"/> Black - Caribbean				
<input type="checkbox"/> White - European				
<input type="checkbox"/> Black - African				
<input type="checkbox"/> Other - Black				
<input type="checkbox"/> White & Black - African				
<input type="checkbox"/> Indian				
<input type="checkbox"/> Pakistani				
<input type="checkbox"/> Other - White				
<input type="checkbox"/> White & Black - Asian				
<input type="checkbox"/> Chinese				
<input type="checkbox"/> Bangladeshi				
<input type="checkbox"/> Other - Asian				
<input type="checkbox"/> White & Black - Caribbean				
<input type="checkbox"/> Other (please specify)				
Availability				
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

I am interested in volunteering for:	
<input type="checkbox"/> Car Driving	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Activity Group Support	<input type="checkbox"/> Administration
<input type="checkbox"/> Garden Maintenance	<input type="checkbox"/> Home Visiting
<input type="checkbox"/> E-Bay Shop	<input type="checkbox"/>
<input type="checkbox"/> Store Collections	<input type="checkbox"/>
<input type="checkbox"/> Other (please specify)	

Why are you interested in Volunteering?

What skills / qualities / experience could you bring to Southampton Sight?

**Please give the names and contact details of two people who have known you for some time (not relatives) and are willing to act as referees.
If possible, one should be from a place of work or organisation where you have volunteered.
At least one should have had contact in the last two years. Please supply email addresses wherever possible.**

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Email:	Email:
Tel No:	Tel No:
How long has this person known you and in what capacity:	How long has this person known you and in what capacity:

All those applying to work directly with service users will be asked to apply for a DBS (Disclosures and Barring Service) disclosure

Signed: _____ Date: _____