



The West Norfolk Deaf Association
The Deaf Centre
Railway Road
Kings Lynn
Norfolk
PE30 1NF

Tel: 01553 773399
Fax: 01553 660483
Text: 01553 774766

West Norfolk Deaf Association Volunteer Application Form

Title (Mr Mrs Miss Ms)	Surname
First Name	
Address	
Postcode	Date of Birth
Telephone (Days)	Telephone (evenings)
Telephone (mobile)	Email:
Can you drive?	Do you have a car?
Are you hard of hearing?	Do you wear a hearing aid?
Do you have a job at the moment? Full time / Part time / Retired / Unemployed / Other	

Are you involved in any voluntary work? Please tell us about it.
(Who do you work for, what are the main duties, how much time is involved?)

Which volunteer role are you interested in applying for?

Have you any experience of working/living with deaf or hard of hearing people? Please tell us about it.

How did you hear about the West Norfolk Deaf Association?

Under current legislation we have to carry out a police check on all voluntary workers. Do you object to this?

Yes No

How much time do you think you could give to the West Norfolk Deaf Association?

Describe why you wish to be a Volunteer?

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Please give the names, addresses and telephone numbers of 2 people who know you who will give you a reference.

1.	2.
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I wish to become a Volunteer and I certify that the above statements are true.

Signed _____ Date _____

When completed please return this form in the envelope provided to
The West Norfolk Deaf Association.