

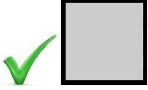






















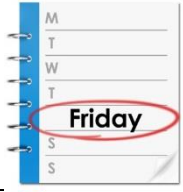
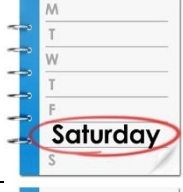

Volunteer Application Form

| | |
|--|---|
|  | <p>Thank you for deciding to apply to be a volunteer at Healthwatch Medway</p> |
|  | <p>Healthwatch Medway will follow the law (Data Protection Act) and keep the information you have given on this form safe</p> |
|   | <p>Please 'tick' the Healthwatch Medway role or roles that you are using this application form to apply for</p> |
| <input type="checkbox"/> | <p>Enter and View Authorised Visitor</p> |
| <input type="checkbox"/> | <p>Lead Community Networker</p> |
| <input type="checkbox"/> | <p>External Representative</p> |
| <input type="checkbox"/> | <p>Board Administrative Support</p> |
| <input type="checkbox"/> | <p>Social Researcher</p> |
| <input type="checkbox"/> | <p>Healthwatch Promotions and Communications</p> |

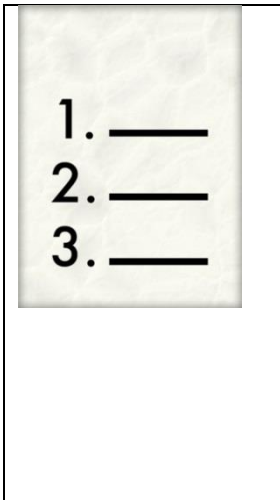
1. About You – the person applying to be a volunteer with Healthwatch Medway

| | | |
|---|--|--|
|  | First name | |
| | Surname | |
|  | Address (including postcode) | |
|  | Telephone number | |
|  | Email | |
|  | Date of birth | |
|  | Gender | |
|  | Do you have a job? (employment status) | |
|  | Are you disabled? (disability status) | |
|  | Ethnicity | |

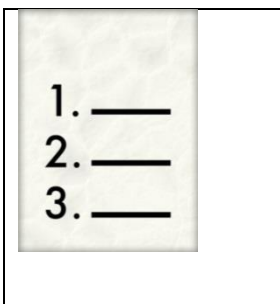
2. What times and days do you think you will be able to volunteer for Healthwatch Medway? (please tick)

| <p>Day</p>  | <p>Morning</p>  | <p>Afternoon</p>  | <p>Evening</p>  |
|--|--|---|--|
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |

3. What skills or experience do you have that will help you do the volunteering role you want to do for Healthwatch Medway?

| | |
|--|--|
|  <p>1. _____ 2. _____ 3. _____</p> | |
|--|--|

4. What skills would you like to get from volunteering at Healthwatch Medway?

| | |
|---|--|
|  <p>1. _____ 2. _____ 3. _____</p> | |
|---|--|

5. Is there anything else that you think it would be helpful for Healthwatch Medway to know?

| | |
|--|--|
|  <p>1.  _____ 2. _____ 3. _____</p> | |
|--|--|

Please return this form to Healthwatch Medway, 2nd Floor, Kingsley House, 37-39 Balmoral Road, Gillingham, ME7 4PF