



HOME-START LORN
APPLICATION FORM FOR VOLUNTEERS

NAME:	DATE OF BIRTH:
ADDRESS:	POST CODE:
TEL NO:	
FAMILY: (e.g. number of children and ages)	
PRESENT EMPLOYMENT: (if any)	
PREVIOUS EMPLOYMENT:	
PLEASE TELL US A LITTLE ABOUT YOURSELF (E.G. HOBBIES, SKILLS, YOUR OWN EXPERIENCES AS A PARENT):	
WHAT DO YOU FEEL YOU HAVE TO OFFER HOME-START AS A VOLUNTEER:	

HOURS AVAILABLE:	OWN TRANSPORT YES/NO
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REFERENCES: Please give the name and address of two referees (not a relative) who may be contacted by Home-Start. One referee must be able to comment on your character and ability to care for children. Ideally, referees should have known you for at least two years.

REFEREE 1	REFEREE 2
NAME:	NAME:
ADDRESS:	ADDRESS:

I GIVE PERMISSION FOR HOME-START LORN TO TAKE UP PERSONAL REFERENCES.

SIGNED: DATE:

PLEASE RETURN THIS FORM TO:

AILEEN BINNER, CO-ORDINATOR, HOME-START LORN, QUEENS BUILDING, GEORGE STREET, OBAN, ARGYLL, PA34 5RZ.