**VOLUNTEER APPLICATION FORM**

**Thank you for offering to give your time and skills to Tools with a Mission (TWAM)** **through volunteering.**

TWAM could not operate without its incredible team of volunteers. Please let us know what role/s you are interested in by ticking the applicable roles from the list below.

**Your contact details**

Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

​Tel no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What you would like to do for TWAM**

|  |  |  |
| --- | --- | --- |
| **At a Refurbishment Centre**Tick the volunteer opportunities you are interested in |  | In the Refurbishment centre |
|  | In the Office |
|  | In the Driving team |
| **Home based**Tick the volunteer opportunities you are interested in |  | Tool Refurbisher (working from home) |
|  | Local volunteer tool collector |
|  | Local volunteer speaker |
|  | Area Development Manager |

**Where would you like to do it**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Refurbishment Centre**Please tick |  | Coventry |  | Kenilworth |
|  | Cowdenbeath |  | Penarth |
|  | Halstead |  | Frinton |
|  | Ipswich |  | From home |
|  |  |  |  |

**A few things it would be helpful to know**

|  |
| --- |
| **Relevant Experience:** |
|  |

|  |
| --- |
| **Health History:** Please let us know if you have had any medical condition or disability, which we will need to take into account for you to safely complete your volunteer role. If you prefer you can inform us on 01473 210220 |
|  |

**Character References**

Volunteering with Tools with a Mission is a very important role, so please provide us with two people we can approach for a reference.

|  |  |
| --- | --- |
| Name |  |
| Address  |  |
| Phone |  |
| Email |  |
|  |  |
| Name  |  |
| Address  |  |
| Phone |  |
| Email |  |

The facts set forth in this application to be a TWAM volunteer are, to the best of my knowledge true and complete.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When completed, please return this form to our head office in Ipswich.

**What happens next?**

Once we have received your application and taken up references we will be in touch. If everything works out we will invite you to come and meet us and show you around the warehouse and offices. We will then agree what will be your volunteer role, book your training and induction and agree the times you will volunteer with us.

**Tools with a Mission**

2 Bailey Close, Hadleigh Road Industrial Estate, Ipswich, IP2 0UD

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