



HELP VOLUNTEER APPLICATION FORM

Please enter your details in **BLOCK CAPITALS**. Then sign and date, at the bottom

Provide a passport style photo for your official "HELP" name badge (when needed)

Your details (Name, phone number, email address) may be shared with members who co-ordinate the HELP services you have volunteered for, and your details will be held electronically on the "HELP" Centre computer.

Forenames:
Home address:
Town:
Postcode:
Home Phone :
Mobile Phone:

Surname:
Postal address (if different):
Town:
Postcode:
Email:
Date of birth:

I CAN OFFER THE FOLLOWING HELP: *(Please see the notes overleaf and "✓" as appropriate)*

- Transport short distance (Hospital/Health Centre)
- Transport long distance (Valencia/Alicante Hospital)
- Help in LA XARA Charity Shop
- Help in MORAIRA Charity Shop
- Fund-raising
- Help Office Administration in La Xara
- Activity Centre Volunteer in La Xara
- Home visits (see box on right)
- Hospital visiting team
- Hospital visiting (to relieve relatives at bedside)
- Hospital Help Desk Team - Admin
- Hospital Help Desk Team - Interpreter
- Interpreting - Health Centre or Town Hall etc

HOME VISITS

If you think you can be of assistance in this way, please indicate (✓) below the areas of help you could offer.

- Visit someone incapacitated or just out of hospital
- Shopping
- Preparing a meal(s) for the freezer
- Odd "handyman" jobs (not heavy work)
- Light Gardening
- Caring / Walking pets

Any other skills or details you wish to mention:

INTERPRETING FOR HOSPITAL OR HEALTH CENTRE / TOWN HALL VISITS etc (see overleaf)

I am fluent in translating ENGLISH into SPANISH and vice versa.

I am also fluent in translating the following into SPANISH and vice versa:-

<input type="checkbox"/> German	<input type="checkbox"/> Other language - please specify:-
<input type="checkbox"/> Dutch	
<input type="checkbox"/> French	

Other remarks:

I understand that I will be expected to attend a "New members Meeting" before my application is accepted.
I have read the notes that accompany this application regarding Discretion and Confidentiality

Signature:	Date:
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Please return to: **HELP Office, Avda del Mar 34B, 03709 La Xara or to HELP Charity Shop in Moraira**