**VOLUNTARY INFORMATION FORM**

This form is to be completed by businesses/charities/clubs and whoever offers voluntary work in their sector.

**Note:** Please use block capitals if you are submitting a handwritten copy.

It is also optional to include any downloadable files associated with the work

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| --- | --- | --- |
| CONTACT INFORMATION | | |
| First Name |  | |
| Last Name |  | |
| Title of Role |  | |
| Email Address |  | |
| Telephone Number |  | |
| Name of work |  | |
|  | | |
| VACANCY INFORMATION | | |
| Location |  | |
| Days available to work  Yes/No | Weekdays |  |
| Weekends |  |
| Everyday |  |
| Other |  |
| Usual working hours |  |  |
| Disability Confident  If you have a certificate, tick yes.  Check out: <https://disabilityconfident.dwp.gov.uk/>  If no, state facilities available for disabled people | Yes |  |
| No |  |
|  | | |
| DESCRIPTION OF WORK  Describe the responsibilities for this job, skills or education and any benefits relevant | | |
|  | | |

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|  |

Date