



**APPLICATION FORM**  
**TinyLife Family Support Volunteers**

Name			
Previous Surname <i>(If applicable)</i>			
Full Postal Address			
Postcode	BT ____ ____		
If you have been at this address for less than five years please give previous address(es)			
Home Tel. no:		Work Tel. no:	Mobile no:
Email address:			
Date of birth:		Place of birth:	
Nationality:	Ethnic origin:		Languages spoken:
Please give information about your parenting experience, if any:			
Are you in good health? YES / NO If no, please give details:		Do you have a disability? YES / NO If yes, please give details:	

Please tick whichever of the following best describes your Occupational/Student Status:

Student at University  Student in Higher/Further Education

Unemployed seeking work  Unemployed not seeking work

Other training/education programme  Retired

Employed  *If employed please give current occupation* \_\_\_\_\_

Have you any long-term career ambitions?

Current Employer Details:

Previous Employer Details:

**References:**

Please give the name & address of two referees (**NOT RELATIVES OR FRIENDS**) who may be contacted by TinyLife.

**Referee 1**

In what capacity does this person know you?

**Referee 2**

In what capacity does this person know you?

Name:

Address:

Telephone No:

E.mail: \_\_\_\_\_

Name:

Address:

Telephone No:

E.mail: \_\_\_\_\_

Please indicate below if you would be interested in other volunteering opportunities within TinyLife:

Administration

Fundraising

Promotional Events

Other (Please give details):

Have you any skills, personal experiences or hobbies, which may be relevant to your work as a volunteer for TinyLife?

How did you hear about this volunteering opportunity?

Why would you like to become a TinyLife Family Support volunteer?

Is there any other information you would like to add?

What is the minimum time you could offer to TinyLife as a volunteer on a regular weekly basis?

**Morning:** Monday  Tuesday  Wednesday  Thursday  Friday

**Afternoon:** Monday  Tuesday  Wednesday  Thursday  Friday

**Number of hours:** \_\_\_\_\_

What type of transport would you use?

If car – do you have a current clean driving licence?

YES/NO

Please give details of any voluntary/paid work you have done, particularly with children & families:

Have you any commitments that would affect your ability to volunteer with TinyLife Family Support?

What are your hobbies & leisure interests?

I know of no reason why I would be unsuitable to be a TinyLife volunteer and I agree to an Access N.I. Enhanced Disclosure check being carried out by TinyLife.

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

Follow-up contact upon receipt: Date \_\_\_\_\_

**If you have any difficulty completing this form please  
contact TinyLife on (028) 9081 5050 for assistance.**

**Completed forms should be returned to: [sam@tinylife.org.uk](mailto:sam@tinylife.org.uk)**

**or**

**TinyLife, Family Support Office, The Arches Centre, 1<sup>st</sup> Floor, 11-13 Bloomfield Avenue,  
Belfast BT5 5AA**