



**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:

Name:

Address:

Address:

Telephone No:

Telephone No:

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

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

**or e-mail [barbara@tinylife.org.uk](mailto:barbara@tinylife.org.uk)**

