

Care Champions volunteer application form

Name: .....

Phone: ..... Mobile: .....

Address: .....

.....

Postcode: ..... Email: .....

Emergency Contact: ..... Phone: .....

Please tell us about any paid work, volunteering, personal experience or skills that you have that might help you to carry out the Care Champion role.

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Availability

When are you able to volunteer? .....

Specific days/times (please state when): .....

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Travel requirements

Please tick the relevant box(es) to tell us how you will be able to travel to visits.

I have my own car and can drive myself

I am able to use public transport (where available)

I will need transport to be provided

Please tell us anything else we need to know about your travel requirements:

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**Communication**

What way(s) would you prefer us to use to keep in touch with you? Please tick any of the options below that apply to you:

Phone

Text

Letter (please say if you prefer a particular font, text size or background colour)

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Email (please say if you prefer a particular font, text size or background colour)

.....

Please tell us here about any communication support you would need in order to do a Care Champion visit:

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**Other support**

Is there any other support we need to put in place to enable you to volunteer with us?

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References

Please supply details of two people who know you well enough to comment about your suitability for this role. These people should not be family members, and at least one of them should have known you for more than a year.

If you are not sure about who to put, we are happy to discuss this with you.

Referee 1

Name: .....

Address: .....

.....

Email: ..... Phone: .....

How does this person know you? .....

How long has this person known you? .....

Referee 2

Name: .....

Address: .....

.....

Email: ..... Phone: .....

How does this person know you? .....

How long has this person known you? .....

I agree to WCC contacting my referees.

Do you have any unspent criminal convictions to declare?

Yes - please give details: .....

No

# Warwickshire County Council

How did you find out about the Care Champions programme? (Support staff, friend, website, leaflet):

.....  
.....

Signed: ..... Date: .....

**Thank you. Please return this form to:**

Emma Mold  
Quality Support Officer  
Quality Assurance and Improvement Team  
Building 2  
Saltisford Office Park  
Ansell Way, Warwick  
CV34 4UL

Or email [emmamold@warwickshire.gov.uk](mailto:emmamold@warwickshire.gov.uk)