



WADDINGTON STREET CENTRE

A COMMUNITY MENTAL HEALTH RESOURCE

VOLUNTEER APPLICATION FORM

Full Name _____

Address _____

_____ Post Code _____

Tel No _____ Mobile No _____

e-mail _____

Reason for Application/Relevant Experience: -

Special Interests or Hobbies: -

Opening Times

Please indicate by **circling** preferred time/s

Day	Day time hours – 9.30 am to 3.30 pm		Evening Opening
Monday	AM	PM	7.00 pm – 9.00 pm
Tuesday	AM	PM	
Wednesday	AM	PM	
Thursday	AM	PM	7.00 pm – 9.00 pm
Friday	AM	PM	

Please supply two references

1. Name:	2. Name:
Address:	Address:
Tel.	Tel.

Signature_____

Date_____

Please return application form to:

Ali Lee
Resource Organiser
Waddington Street Centre
3 Waddington Street
Durham
DH1 4BG

Tel 0191 386 0702
e-mail alee@waddingtoncentre.co.uk

**Please note that all volunteers
will be subject to CRB enhanced disclosure regulations.**

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