



## York and District Citizens Advice Bureau

3 Blossom Street, York YO24 1AU Tel: 01904 623648

Fax: 01904 620571 Email: [admin@yorkcab.org.uk](mailto:admin@yorkcab.org.uk)

# Volunteer Application Pack

Please be sure to have read the volunteer information pack, especially the section on the application process.

Name:

Mr/Mrs/Ms/other

Date of Birth:

Address:

Telephone No:

Please state the area of volunteering are you most interested in (advice work, reception etc.):

Describe any skills you have which could be useful for the work you wish to do. All sorts of skills and work experience are useful:

We would like to know of any formal or informal community activities or voluntary work you may have done:

What do you think are some of the main problems facing your community?

Please tell us where you heard about volunteering at the CAB:

Please supply the names and addresses of two people who are not related to you who can act as referees:

1)

May we contact this person  
before your interview? YES/NO

2)

May we contact this person  
before your interview? YES/NO