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01226 249494



First FLoor, 29 Wellington Street,

Barnsley S70 1SL

Charity Reg. No.: 1186050 Recognized Learning center UKLRP : 100826101

# ELSH

# Volunteer

# Application

# Form



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**Thank you for volunteering with the Educational Learning Support Hub (ELSH). Our mission is to teach Asylum Seekers, Refugees and Migrants English, Maths and IT. This means that they integrate into our community and society.**

### Personal Details

|               |   |
|---------------|---|
| Name          |   |
| Date of Birth |   |
| Address       | Postcode:   |
| Phone         | Home:<br><br>Mobile:<br><br>Work (if applicable): |
| Email         |   |

### Next of Kin Details

|                     |   |
|---------------------|---|
| Name                |   |
| Relationship to you |   |
| Address             | Postcode:   |
| Phone               | Home:<br><br>Mobile:<br><br>Work (if applicable): |



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Email

**Which volunteer role are you interested in?**

|                                   |  |  |  |
|-----------------------------------|--|--|--|
| Teacher                           |  |  |  |
| Student Teacher                   |  |  |  |
| Admin                             |  |  |  |
| Reception                         |  |  |  |
| Housekeeper/Cleaner               |  |  |  |
| <b>Other:<br/>Please Explain:</b> |  |  |  |

**Please tell us about any work, volunteering, personal experience or skills that you have that are relevant to the role you are interested in**



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## Availability

At what times are you interested in volunteering – please tick as many as you like

| When:     | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|-----------|-----|------|-----|-------|-----|-----|-----|
| Morning   |     |      |     |       |     |     |     |
| Afternoon |     |      |     |       |     |     |     |
| Evening   |     |      |     |       |     |     |     |

**Do you have any particular needs (medical, any disabilities –both visible and invisible-, any religious requirements, any dietary requirements) that we should be aware of so as to best support your volunteering with us?**



## References

To complete your application, we need you to supply us with two people who know you well enough to comment on your suitability for this role.

They **should not** be family members and have known you for **at least 3 years**.  
 If you are not sure about who to put, we are happy to discuss this with you

|                                |           |
|--------------------------------|-----------|
| Referee 1                      |           |
| Name:                          |           |
| Address:                       | Postcode: |
| Phone:                         |           |
| Email:                         |           |
| How does this person know you? |           |

|                                |           |
|--------------------------------|-----------|
| Referee 2                      |           |
| Name:                          |           |
| Address:                       | Postcode: |
| Phone:                         |           |
| Email:                         |           |
| How does this person know you? |           |

**As part of volunteering with ELSH, we will require you to have a Disclosure and Barring System (DBS) check. This is not optional.**



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|        |  |
|--------|--|
| Signed |  |
| Date   |  |

**How did you hear about us? (please circle where you heard about us)**

|                    |                      |               |
|--------------------|----------------------|---------------|
| Volunteer centre   | Our Website          | Our leaflet   |
| Other organisation | Other website        | Word of mouth |
| Friend or family   | Other (please state) |               |

**Thank you for taking the time to complete this form.**

**Please return this form to:**

Reception  
Educational Learning Support Hub (ELSH)  
First Floor, 29 Wellington Street,  
Barnsley, S70 1SW  
Telephone: 01226 249494  
Email: [Info@elshub.org.uk](mailto:Info@elshub.org.uk)