**Sleep Support Volunteer**

**For people living with dementia and their carers**

**Application**

**Name................................................................................................................**

**Address.................................................................................................................................................................................................................................................................................................................................Post code..........................**

**Home tel.................................................Mobile no..............................................**

**Email....................................................................................................................**

**Please write a few words about why you would like to volunteer for this project.**

**References – please give contact details of 2 people for references who are not related to you.**

Name.................................................................

Relationship to you...........................................

Address...............................................................................................................................................................................................................................................................................................

Email..................................................................

Tel.No...........................................................

Name.................................................................

Relationship to you ...........................................

Address...............................................................................................................................................................................................................................................................................................

Email..................................................................

Tel.No...........................................................