

**CONFIDENTIAL**

**VOLUNTEER APPLICATION  
FORM**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
POSTCODE: \_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_

E-mail address: ( if applicable ) \_\_\_\_\_

**Emergency contact person:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Do you consent to a criminal records/working with children check? YES / NO**

*Date of Birth* \_\_\_\_/\_\_\_\_/\_\_\_\_ *Place of Birth* \_\_\_\_\_

*Have you been known by any other names?* \_\_\_\_\_

**Do you have any health limitations/disabilities or allergies which may affect the type of work you can do as a volunteer? YES / NO**

**If yes, please give details:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Why do you want to do voluntary work?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**At which times would you be available?**

Saturday Workshops/outings ( )

Other times \_\_\_\_\_

**Have you done any sort of volunteer work before? YES / NO**

If yes, where? \_\_\_\_\_

\_\_\_\_\_

Type of work \_\_\_\_\_

\_\_\_\_\_

**Do you have any particular skills you could use while volunteering?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have any experience working with people with a disability?**

\_\_\_\_\_

\_\_\_\_\_

**Are you willing to attend:**

STAFF MEETINGS YES / NO TRAINING SESSIONS YES / NO

**Could you please give us the name of 2 referees:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

**The information I have provided is true and correct:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_