INSERT LOGO /

**Volunteering Application Form**

Please return completed forms to

 ORG COLOURS

**Personal details**

|  |  |
| --- | --- |
| **Title:** | **Name:** |
| **Address:**  |
| **Postcode:** | **Contact number:**  |
| **Date of Birth:** | **Email address:**  |

**Please tick which area of voluntary work you are interested in:**

|  |  |  |
| --- | --- | --- |
| **[role / area]** | **[role / area]** | **[role / area]** |
| **[role / area]** | **[role / area]** | **[role / area]** |
| **[role / area]** | **[role / area]** | **[role / area]** |
| **[role / area]** | **[role / area]** | **[role / area]** |

**What days suit you best?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Mon** | **Tue** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |

**What time suits you best?**

|  |  |  |
| --- | --- | --- |
| **AM** | **PM** | **Evenings** |

**Please briefly state the reasons for your interest in volunteering and any relevant skills or experience.**

We ask that you provide two people we can contact for references who can comment on your suitability to undertake voluntary work. We ask that your referees have known you for a **minimum of 12 months** **and are** **not family members.**

**References**

|  |  |
| --- | --- |
| **Reference 1** | **Reference 2** |
| **Name:** | **Name:** |
| **Relationship:** | **Relationship:** |
| **Contact number:** | **Contact number:** |
| **Email:** | **Email:** |

|  |  |
| --- | --- |
| **Name:** | **Relationship:** |
| **Contact number 1:** | **Contact number 2:**  |

**Do you have any disability, medical, psychological or mental health issues that should be taken into account to make sure that volunteering is accessible and safe for you?**

**? Please provide details:**

**Emergency Contact Details**

|  |
| --- |
|  |
|  |

Any information given will be completely confidential and all disclosures are treated on an individual basis and will not necessarily prevent you from becoming a volunteer.

I understand that I must adhere to the procedures and standards of [insert organisation]. I understand that it is important to meet my time commitments and give as much notice as possible if I am unable to attend as expected. I understand that anything learned in the course of my duties concerning staff, volunteers, service users or the work of the organisation must be treated in the strictest confidence. Once investigated, any breach of confidentiality could result in the termination of my voluntary role.

**Signature: Date:**

**Declaration of Confidentiality**

**No**

**Unsure**

**Yes**

**Do you have any unspent criminal convictions?**