

Volunteer Application Form (non-DBS)

(Please complete in capital letters)

Contact Details	
Full Name	
Address	
Postcode	
Home phone	
Mobile	
Email	
In an emergency who would you like us to contact?	
Name	
Relationship	
Contact number	
Which role are you applying for?	
Why are you interested in volunteering with us?	
Please tell us about your skills and experience that you think show how they fit the role description. Please note, that we do not require formal qualifications or experience but would like to get an understanding of previous things that you have done that may assist you to do this role	

Is there anything that we need to know about your health? *This can help us to identify if there are ways that we can meet any needs that you may have*

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Where did you hear about us?

References *Please provide details of two people who would be happy to provide references for you and can comment on your experience and suitability to volunteer. We are happy for these to be personal, rather than professional, references although we cannot accept references from relatives.*

1 Name	
Email	
Phone number	
Relationship	
2 Name	
Email	
Phone number	
Relationship	

Is there anything else you would like to tell us that is relevant to your application?

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Declaration *I confirm that the information given on this form is correct and that any false statements may lead to refusal or termination of my volunteer role. I understand that all information provided will be stored securely, in accordance to the Data Protection Act and GDPR guidelines and accessed only by authorised supervisors or managers.*

Signed	
Date	