

Confidential Volunteer Application Form

Your Details	
Full Name:	Date of Birth:
Address:	Postcode:
Home Phone:	Mobile Phone:
Email:	

Emergency Contact In the event of an emergency, who should we contact on your behalf?	
Name:	Phone Number:
Relationship to you:	

Essential Documents

If your application is successful, you will be asked to provide the following identification (one from each list).

Evidence of Identity -

- Birth Certificate
- Passport
- Driver's Licence
- Provisional Driver's Licence

Proof of Current Address -

- Mortgage Statement
- Bank or Building Society Statement
- Financial Statement (e.g. pension or endowment)
- P45 or P60 Statement

- Council Tax Statement
- Utility Bill (e.g. gas, water, electricity, council tax, landline telephone bill)
- Benefit Statement (e.g. Child Benefit, pension)
- Central or Local Government, Government Agency or Local Council document (e.g. HMRC, Employment Service)

Do you have any volunteering experience? If so, please provide a brief summary:

Please describe any other relevant skills and experience.

Do you have any language skills/qualifications? If so, please provide a brief summary:

Do you have any First Aid qualifications?

If so, please provide a brief summary, including the date until which your qualification is valid:

Which of the volunteer Sub Groups would you be interested in? Please tick.

Business Development	
Capital Development	
Events	

Finance	
Fundraising and Project Management	
HR & Administration	
Other, please specify:	

Which days during the week are you available to volunteer? Please tick.

Day	AM	PM	Evening	Are you available to volunteer out with the Community Hub opening hours? Please delete as appropriate: YES/NO If yes, please indicate your availability:												
Monday																
Tuesday																
Wednesday																
Thursday																
Friday																
Saturday																
Sunday																
				Please give us details of your referees:												
				<table border="1"> <thead> <tr> <th>Referee 1</th> <th>Referee 2</th> </tr> </thead> <tbody> <tr> <td>Name:</td> <td>Name:</td> </tr> <tr> <td>Address:</td> <td>Address:</td> </tr> <tr> <td>Email address:</td> <td>Email address:</td> </tr> <tr> <td>Telephone number:</td> <td>Telephone number:</td> </tr> <tr> <td>Relationship to you:</td> <td>Relationship to you:</td> </tr> </tbody> </table>	Referee 1	Referee 2	Name:	Name:	Address:	Address:	Email address:	Email address:	Telephone number:	Telephone number:	Relationship to you:	Relationship to you:
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Email address:	Email address:															
Telephone number:	Telephone number:															
Relationship to you:	Relationship to you:															

Declaration

I confirm that the information contained in this Application Form can be used for background checks by the relevant authorities. I understand that this check is a mandatory stage of the Volunteer selection process.

Signature _____ Date _____