



### Volunteer Application Form

*If you need help with filling in this form please contact the Community Projects Coordinator*

Volunteer role applied for \_\_\_\_\_

First Name:	Surname:
Home Address:	
Telephone No: (Mobile)	Telephone No: (Home):
Email Address:	
You must be over 16 to volunteer for us, please confirm your date of birth:	

Please briefly tell us why you would like to volunteer and what you would like to gain from your experience with us.

Please consider the volunteer role description and tell us about any relevant skills or previous experience (Paid or Unpaid). You can also tell us about any other skills you would like to contribute.

Do you have any medical conditions or allergies of which we should be aware?

Do you have any support needs? Please specify, this won't affect your chance to volunteer with us and will be confidential.



Any other information relevant to the role:

Please tick when you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How did you find out about this volunteering opportunity?

### References

For some roles we require references, please supply the names and addresses of two referees who know you well. This may be a previous or current employer, neighbour, head teacher or a previous volunteering project. Please note that a referee cannot be a relative. If you do not have a referee, please talk to us about this.

1st Referee

Full Name	
Relationship to you	
Email address	
Telephone Number	

2nd Referee



Full Name	
Relationship to you	
Email address	
Telephone Number	

**Protecting Vulnerable Adults**

You may be required to apply for a disclosure check under the Protecting Vulnerable Adults Scheme (PVG), depending on the your volunteer role. Are you willing to be a member of the PVG scheme?

Yes/No/Not sure (please circle)

Do you have any unspent convictions, cautions, or pending cases that might affect your volunteering?

Yes/No/Not sure (please circle)

If yes or not sure, please provide details:

I confirm that the above information is true to the best of my knowledge:

Signed by Volunteer :	Date:
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If you have had help to fill in this form by a member of our team, they must also sign here to confirm that the details recorded above are a true reflection of your discussion.

Signed by member of the CFCDP team:	Date:
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**Please return this form by email or post to [info@craigsfarm.org.uk](mailto:info@craigsfarm.org.uk) or the Ecal Business Centre/Craig's Farm Community Hub.**