

VOLUNTEER APPLICATION FORM

Full Name: _____

Date of Birth: _____ Gender: _____

Address: _____

Phone Number: _____ Email Address: _____

Emergency Contact Information

Name: _____

Relationship: _____ Phone Number: _____

Volunteering Information

Areas of Interest: _____

Availability (Days/Times): _____

Previous Volunteer Experience (if any): _____

Health and Safety

Do you have any medical conditions, allergies, or disabilities the organisation should be aware of? If yes, please provide details below. Otherwise, write 'None'.

Criminal Convictions

Have you ever been convicted of a criminal offence? This will not necessarily prevent you from volunteering. If yes, please provide details below. Otherwise, write 'No'.

References

Reference 1 - Name: _____ Phone: _____

Reference 2 - Name: _____ Phone: _____

Declaration and Consent

I declare that the information given in this application is true and complete to the best of my knowledge. I understand that any false information or significant omissions may disqualify me from volunteering or lead to dismissal. I consent to the organisation processing my personal information for the purposes of managing my volunteer involvement, in accordance with applicable UK data protection laws. I authorise the organisation to make enquiries to verify the information provided and to obtain references. I understand that I may be required to undergo a DBS (Disclosure and Barring Service) check where legally required.

Signature: _____ Date: _____

VOLUNTEER SIGNATURE

ORGANISATION REPRESENTATIVE SIGNATURE

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