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| Volunteer Application Form | | | | | | | | |
|  | | | | | | | | |
| **Applicant Information** | | | | | | | | |
| First Name | |  | | Surname |  | | | |
| Address | |  | | Telephone Number |  | | | |
| Email |  | | | |
| Date of Birth |  | | | |
| Post Code | |  | |  | | | | |
| These questions listed below are not pre-requirements to join us a volunteer, however this information assists us in determining and allocating our resources and volunteers to the best positions and roles. | | | | | | | Yes | No |
| Do you have a clean valid driving licence? | | | | | | |  |  |
| Do you have any criminal convictions which are not legally spent?  If yes pleas use Additional Information Section to provide details | | | | | | |  |  |
| Do you have a current DBS form? | | | | | | |  |  |
| Do you hold a current First Aid Certificate, or any First Aid, Health or Safety related training?  If yes please use Additional Information Sheet to provide further details. | | | | | | |  |  |
| References | | | | | | | | |
| **Referee 1** | | | | | | | | |
| This should be someone who knows you well enough to comment on your character and ability for this volunteering position. | | | | | | | | |
| First Name |  | | Surname | | |  | | |
| Address |  | | Tel No and/or mobile | | |  | | |
|  | | How long have you known them for? | | |  | | |
|  | | Relationship to Applicant | | |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| **Referee 2** | | | | | | | |
| This should be someone who knows you well enough to comment on your character and ability for this volunteering position. | | | | | | | |
| First Name | |  | | | Surname |  | |
| Address | |  | | | Tel No and/or mobile |  | |
|  | | | How long have you known them for? |  | |
|  | | | Relationship to Applicant |  | |
| Additional Information Section | | | | | | | |
| If you have answered yes to any of the previous questions or have further relevant information, please use this section to provide details. | | | | | | | |
|  | | | | | | | |
| **Data Protection Act:** I understand and agree that, as part of a Contact for the Not Home Alone Charity, my details will be held in a confidential database that is only used for communications within the Charity. I confirm that the above information is correct and that I agree to my details being held as set out above. Please tick the box to confirm. | | | | | | | Yes |
|  |
| I declare that the information provided is the truth to the best of my ability. | | | | | | | |
| Signed |  | | | | | | |
| OFFICE USE ONLY | | | | | | | |
| **Reference 1 Verified** | | **Date** |  | **Signed by** | |  | |
| **Reference 2 Verified** | | **Date** |  | **Signed by** | |  | |
| **DBS Form Verified** | | **Date** |  | **Signed by** | |  | |
| **Date Volunteer Appointed** | |  | | | | | |