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| Volunteer Application Form |
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| **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 |  |

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| **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. |
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| **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** |  |