



APPLICATION DETAILS - VOLUNTEER

Please complete this form and return it to the General Manager at the above address.

YOUR PERSONAL DETAILS

First name(s):

Surname:

Title (Mr/Mrs/Miss/Ms):

Present address:

 Post code:

Telephone number (daytime):

Telephone number (evenings):

National insurance number:

We will need to see documentary proof of your NI number.

GENERAL DETAILS

Position applied for:

*When are you available to work? Please tick **all** the times you could work. (The time shown below are indicative. We will agree an exact working schedule with you at the time an offer of appointment is made.)*

	Mon	Tue	Wed	Thu	Fri	Sat
Early morning (07:00 – 09.30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning (09.00 – 11.30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunchtime (11.00 – 14.30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (13.30 – 17.30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (16.00 – 18.00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you hold a current driving licence? Yes No

Have you ever been convicted of a criminal offence which is not 'spent' under the Rehabilitation of Offenders Act? Yes No

SUPPORTING INFORMATION

Do you take part in any activities or hobbies that may support your application? You may also wish to add other information in support of your application relating your experience to the post. If so, please attach a separate sheet, clearly headed with your personal details.

OTHER INFORMATION

Have you ever left a job because of ill health? Yes* No

Do you consider yourself to have a disability? Yes* No

* If you have answered 'Yes', you may be asked to provide further details in confidence.

Please give your date of birth:

REFERENCES

Please provide the details of two referees whom we can approach to provide a reference for you.

Name:	Name:
Address:	Address:
Daytime telephone no:	Daytime telephone no:

DECLARATION

I confirm that the information given on this application form is correct to the best of my knowledge and that the information may be used for registration purposes under the Data Protection Act 1998. I understand that any engagement entered into is subject to a trial period, satisfactory references and documentary evidence of my NI number.

Any false information provided in support of your application could lead to disqualification or dismissal.

Signature: Date: