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| **Introduction**  Thank you for deciding to register as a volunteer. So that we can offer you the best support please take a few minutes to complete this application form.  If you are unsure about any part of this document please call Debs on 07786 444816 for assistance. | | | | | | | | | | | | | | | |
| Full name | Click here to enter text. | | | | | | | | | | | | | | |
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| Preferred name | Click here to enter text. | | | | | | | | | | | | | | |
|  |  | | |  | | | | |  | | | | | | |
| Gender | Click here to enter text. | | | | | | | |  | | | | | | |
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| Address inc. Postcode | Click here to enter text. | | | | | | | | | | | | | | |
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| E-mail Address | Click here to enter text. | | | | | | | | | | | | | | |
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| Tel No | Click here to enter text. | | | Mobile No | | | | | Click here to enter text. | | | | | | |
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| Previous Volunteer  Experience | Click here to enter text. | | | | | | | | | | | | | | |
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| Relevant Previous Experience | Click here to enter text. | | | | | | | | | | | | | | |
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| Preferred Activities | Practical, hands on, outdoors (Gardening/Grounds maintenance) | | | | | | | | | | | | |  | |
|  | | | | |  |  | | | | | | |  | |
| Administration/ Office | | | | |  | Social Media | | | | | | |  | |
|  | | | | |  |  | | | | | | |  | |
| Marketing/Media | | | | |  | Community building | | | | | | |  | |
|  | | | | |  |  | | | | | | |  | |
| Youth/Education | | | | |  | Events | | | | | | |  | |
|  | | | | |  |  | | | | | | |  | |
|  | | | | |  | Other (please state) | | | | | | |  | |
|  | | | | |  |  | | | | | | |  | |
| Times and periods available |  | Mon | Tue | | Wed | | | Thu | | | Fri | Sat | Sun | |
| morning |  |  | |  | | |  | | |  |  |  | |
| afternoon |  |  | |  | | |  | | |  |  |  | |
| evenings |  |  | |  | | |  | | |  |  |  | |
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| Please provide details of two referees who can comment on your suitability for this post.  For roles subject to a Disclosure and Barring Service check, your references must cover the last five years. | | |
| ***Referee 1***  Name  Address  Tel No  e-mail | Click or tap here to enter name.  Click or tap here to enter address.  Click or tap here to enter telephone number.  Click or tap here to enter email. | |
|  | | |
| ***Referee 2***  Name  Address  Tel No  e-mail | Click or tap here to enter name.  Click or tap here to enter address.  Click or tap here to enter telephone number.  Click or tap here to enter email. | |
|  |  | |
| Please provide details of who we should contact in an emergency | Name: | Click or tap here to enter text. |
| Tel No (1): | Click or tap here to enter text. |
| Tel No (2): | Click or tap here to enter text. |