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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. |
|  |  |  |  |
| Preferred name | Click here to enter text. |
|  |  |  |  |
| Gender | Click here to enter text. |  |
|  |  |  |  |
| Address inc. Postcode | Click here to enter text. |
|  |  |  |  |
| E-mail Address | Click here to enter text. |
|  |  |  |  |
| Tel No | Click here to enter text. | Mobile No | Click here to enter text. |
|  |  |  |  |
| Previous VolunteerExperience  | Click here to enter text. |
|  |  |  |  |
| Relevant Previous Experience  | Click here to enter text. |
|  |  |  |  |
| 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*** NameAddress Tel Noe-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*** NameAddress Tel Noe-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. |