

Volunteer Application Form



Date:

Personal Details

Title:

First name:

Surname:

Phone:

Address:

Postcode:

Email:

Please tell us why you would like to volunteer with us.

Please tell us about your background and experience, including **previous employment history, training, and volunteering:**

Please tell us your best days that you can work with us.
(Our opening hours are currently Monday, Tuesday, Thursday, Friday 10am-2pm)

Do you have any health, mobility or accessibility conditions which might affect your volunteering?

Please supply the names and contact details for **2 referees**.

This should ideally be an **employer**, and someone else who knows you in a workplace, training or education setting, or a support worker.

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| Name: |
| Address: |
| Phone: |
| Email: |
| How they know you: |
| How long they have known you: |

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|-------------------------------|
| Name: |
| Address: |
| Phone: |
| Email: |
| How they know you: |
| How long they have known you: |

Under the rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions?

YES NO

We have a variety of tasks that we need help with at our drop-in centre The Gateway, including making up food bags, making hot drinks and meals, sorting incoming item donations, engaging with our visitors, cleaning, and a few others. We can also use help for administration tasks like fundraising and social media.

It would be best if you're available with consistency on a regular day each week.

Thank you so much for taking the time to fill in this form. Please sign and date:

Signed:

Date: