

**Volunteering application form**

|  |  |
| --- | --- |
| **First name:** |  |
| **Surname:** |  |
| **Telephone no:** |  |
| **Email address:** |  |
| **Current address:** |  |
| **D.O.B:** |  |

|  |
| --- |
| Please tell us about any volunteering experience you have: |
|  |

|  |
| --- |
| Please tell us about any work experience you have relevant to the volunteering role (if you do not have any, this will not stop your application being processed as full training is given): |
|  |
| Please provide details of your current job role/any courses studying: |
|  |

|  |
| --- |
| Please tell us about any relevant training or qualifications you have (eg first aid, mental health, drug and alcohol, sexual health, domestic violence support as examples): |
|  |

|  |
| --- |
| Please tell us about any other skills or personal qualities you have that you feel are relevant for the volunteering role: |
|  |

|  |
| --- |
| Do you have any medical conditions, allergies or other needs that we should be aware of so we can support you whilst volunteering with us: |
|  |

|  |  |
| --- | --- |
| Do you have a DBS/PVG? (we will need to see a copy of this) | YES NO |
| If yes please provide certificate number: |  |
| Issue date: |  |
| Please give details of any unspent convictions: |  |

|  |  |
| --- | --- |
| Do you have a driving licence? | YES NO |
| Do you have access to a car/transport? | YES NO |

References – please provide details of two references:

Reference 1

|  |  |
| --- | --- |
| Name: |  |
| Email/address: |  |
| Telephone number: |  |
| Relationship to you: |  |
| Time known: |  |

Reference 2

|  |  |
| --- | --- |
| Name: |  |
| Email/address: |  |
| Telephone number: |  |
| Relationship to you: |  |
| Time known: |  |

**Data protection**: Personal information from this application form will be processed for purposes registered under the Data Protection Act 1998 as part of your volunteering application/volunteering role with Events Wellbeing Limited.

I confirm that I give my consent to Events Wellbeing Limited (The Welfare Crew) processing the data within this application form for the purpose of volunteering.

**Signature**:

**Date**:

Please email your application form to [info@thewelfarecrew.co.uk](mailto:info@thewelfarecrew.co.uk)

If you have any questions, please call 07340 110601