

## Volunteer Application Form

First Name:	Surname:
Home Address:	
Telephone No: (Day)	Telephone No: (Evening):
Email Address:	

What would you like to achieve through your voluntary work at the organisation?

Do you have any support needs? Please specify

Previous experience (Paid or Unpaid):

Any other information relevant to the post:

Days/hours available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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How did you hear about our organisation?

**References**

Please supply the names and addresses of two referees who know you well. This may be a previous or current employer, neighbour, head teacher or a previous volunteering project. Please note that a referee cannot be a relative.

Name	Relationship to referee	Position	Address	Telephone number	Email

**Agreement**

Please sign to confirm that the details contained in this form are a true reflection of the discussion.

Signed by Volunteer Support Manager :	Date:
Signed by Volunteer :	Date:

For Official Use Only: PVG Scheme

Sent to CRBS: \_\_\_/\_\_\_/\_\_\_ Received: \_\_\_/\_\_\_/\_\_\_ Letter To volunteer: \_\_\_/\_\_\_/\_\_\_

Approve / Not Approved / Query

Notes: