



Shap Community Enterprise

Volunteer Application Form

TITLE.	
FIRST NAME	SURNAME
ADDRESS (INCLUDING POSTCODE)	
DATE OF BIRTH	EMAIL
Telephone	Mobile phone

AVAILABILITY.

How often would you be available? Weekly / Monthly / as a relief for holidays etc.

PLEASE TICK BELOW FOR PREFERRED DAYS / TIMES

DAY	MORNING	AFTERNOON
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

Available start date :

Relevant skills and experience from previous voluntary work, employment or hobbies.
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PLEASE ENTER ANY HEALTH ISSUES YOU MAY HAVE

NAME AND ADDRESS OF A PERSON TO CONTACT IN AN EMERGENCY

Name

Address and postcode

Telephone No.

Confirm that this person agrees to be a contact. YES NO

REFERENCES.

Please complete details of two people who have agreed to provide a reference for you. They should have known you for at least 2 years. Referees should not be family members. If possible one should know you in a professional capacity – previous employer, volunteer manager, police officer, religious leader etc.

Name	Name
Address & postcode	Address & postcode
Telephone	Telephone
Email	Email
How is this person known to you	How is this person known to you

All information will be stored securely in accordance with the Data Protection Act 1988 and will not be shared with third parties.

I confirm that the information given above is correct.

Signed.

Date.