



Volunteer Application Form

Please complete the following information: -

Title:	First Name:	Surname:
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Home Address:

Postcode:	Telephone / Mobile:
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Email:

Preferred contact method: -

Telephone	<input type="checkbox"/>	Email	<input type="checkbox"/>	Text	<input type="checkbox"/>
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Date of Birth: DD / MM / YY

Employment status: -

Retired	<input type="checkbox"/>	Employed	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Student	<input type="checkbox"/>
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Volunteer interests and experience and information: -

Where did you hear about us?

What type of volunteering are you interested in? How much time can you give and what days are best for you?

What are your skills, interests, and hobbies?

Have you ever volunteered before? If so in what capacity?

To meet regulatory and compliance requirements, all volunteers are required to complete a Disclosure and Barring Service check. You will need your National Insurance number for this. More information will be provided to you. Do you currently have a DBS certificate?

Yes

No

Do you hold a Full UK Driving License? (This is a requirement for buggy drivers).

Yes

No

Under the terms of the Rehabilitation of Offenders Act 1974, do you have any criminal convictions? (Please provide any details of this on a separate sheet).

Yes

No

Are you registered disabled?

Yes

No

Shuttlewood Clarke Foundation is committed to equal opportunities. Please use this space to inform us of any learning / physical disabilities or health issues to enable us to accommodate your needs within the organisation.

Please provide the names of two persons who are able and willing to give you a reference. Please ensure that this section is completed accurately: -

Reference 1

Title:

First Name:

Surname:

Home Address:

Postcode:

Relationship to applicant:

Reference 2

Title:

First Name:

Surname:

Home Address:

Postcode:

Relationship to applicant:

Next of kin / emergency contact:

Title:	First Name:	First Name:
Telephone / Mobile:		
Relationship to applicant:		

Please be aware that to withhold information or to give false information will be regarded as an attempt to falsify records. For further information about how we use and protect your information please view our privacy policy at <https://shuttlewood-clarke.org/about-us/privacy/>

Signature:	Date:
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Please return this form to: Shuttlewood Clarke Foundation, Ulverscroft Grange, Whitwick Road, Ulverscroft, Leicestershire, LE67 9QB or email hello@shuttlewood-clarke.org. If you would like to discuss the opportunities further, please call 01530 244914.

We would love to keep in touch with you to tell you about our work and how you can support it. Please tick the box if you would like to receive these emails.

OFFICE USE ONLY

Date received	DD / MM / YY	Start date	DD / MM / YY
References requested	DD / MM / YY	End date	DD / MM / YY
DBS	DD / MM / YY		
Safeguarding training	DD / MM / YY		
Induction date	DD / MM / YY		