

VOLUNTEER APPLICATION FORM

Community Department

Title	Forename/s:	Surname
Mr/Mrs/Ms/Miss/.....		

Home address:	

Preferred telephone number	Alternative/Emergency contact number

Email

I give consent for you to contact me by:					
Phone	<input type="checkbox"/>	Email	<input type="checkbox"/>	Post	<input type="checkbox"/>

Are you eligible to work in the UK or the EEA?	Yes	No
Do you require a work permit to work in the UK?	Yes	No

Why are you interested in volunteering in the Community department

Skills and Experience

What, skills, personal interests or experience do you have that will help you as a volunteer in this role?

Continue on a separate sheet if necessary

Please tell us what qualifications you have achieved.

Course	Level	Date Achieved

How often and how long are you available to volunteer?

Do you have any access or medical requirements?

References		
Please provide names and contact details of two people we can contact for a reference. They need to be over 18, must have known you for more than 2 years and should not be a family member. Where possible please provide an email address as primary form of contact		
	Referee 1	Referee 2
Name		
Address		
Telephone number		
Email		
How does this person know you? eg you worked with them		

I understand that any subsequent offer of a volunteering placement will be subject to the outcome of a criminal record check from the Disclosure and Barring Service (DBS) and that this check will include details of cautions, reprimands or final warnings as well as convictions. Redbridge Institute will request my authorisation for such a check to be made.

I certify that, to the best of my knowledge, the information on this form is true and accurate. I understand that if the information I have supplied is false or misleading in any way, it will automatically disqualify me from appointment. I authorise Redbridge Institute to check the information supplied and hold all such information in both paper and electronic formats and I consent to being contacted for matters relating to this application.

Signature Date