



Kingswell Centre
9, Arthur Street,
Oswestry,
Shropshire,
SY11 2XN

Company no: 3990460
Charity no: 1081182

VOLUNTEER APPLICATION FORM

Name of Group/Activity applying to volunteer in at Kingswell if known :

1. PERSONAL INFORMATION

(a) Surname. Mr/ Mrs/ Miss/ Title (b) Forenames

(c) Home Address Home Telephone No;
Work Telephone No;
May we telephone you at work? Yes/ No

(d) Date of Birth

(e) Ethnic Origin

2. YOUR EMPLOYMENT AND TRAINING HISTORY

3. YOUR PREVIOUS VOLUNTARY EXPERIENCE (IF ANY)

4. PLEASE USE THIS SPACE TO TELL US WHY YOU WOULD SPECIFICALLY LIKE TO VOLUNTEER AT "KINGSWELL" AND THE TYPE OF WORK YOU WOULD LIKE TO BE INVOLVED IN

5. PLEASE TELL US OF ANY INTERESTS, SKILLS OR HOBBIES THAT YOU HAVE

6. PLEASE INDICATE WHAT TIMES AND DAYS YOU ARE AVAILABLE FOR VOLUNTARY WORK

7. HEALTH

Do you suffer (or have you suffered) from any illness/ disability which may directly affect your work with the organisation. Yes/ No

If YES, Please give details

8. REFERENCES

Please give the names and addresses of two people who will act as referees for you regarding your suitability as a volunteer. (These referees should not be a relative or your own doctor.)

(a) Name of present or last employer (paid or voluntary)
..... Contact name.....
Address..... Position.....
..... Telephone No.....
Postcode.....

(b) Name..... Telephone No.....
Address..... Occupation

DISCLOSURE OF CONVICTIONS

Because of the nature of the work , applicants are not entitled to withhold information about convictions, including convictions which for other purpose may be "spent" under the Rehabilitation of Offenders Act (1974)
Has any action ever been taken against you by a local authority in regard to a child/children under 18 yrs of age YES/NO

Have you been;
(a) Cautioned for or convicted of an offence (other than a motoring offence not resulting in a disqualification) in any criminal proceedings in any court of the UK or elsewhere? YES/NO
(b) Found guilty of violent, cruel, indecent or dishonest behaviour in any military service disciplinary proceedings ? YES/NO

If the answer is YES to any of the above questions, please give full details on a separate sheet.
It will be necessary, for all applicants to complete a Criminal Records Check

DECLARATION

I hereby declare that the above statements are true to the best of my knowledge.
Signature..... Date.....