



Volunteer Application Form

PERSONAL DETAILS			
Forenames		Surname	
Address		Date of Birth	
		Tel No.	
		email	
Post Code		DBS Ref No. (if already issued)	
EXPERIENCE & QUALIFICATIONS			
Have you worked as a volunteer before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES please provide details			
What skills, special interests, experience and knowledge do you have ?			
WHAT WOULD YOU LIKE TO DO?			
Please mark the ones of most interest & add if not included			
Exercise & Sports Related Activities			General Support & Administration
Football	Basketball / Netball	Wheelchair - Basketball / Rugby	Providing coaching and advice to participants
Boccia	Kurling	Skittles	Helping to organise and run the sports sessions
Table Tennis	Badminton	Archery	Helping to organise and run the social activities
Zumba	Dance	10 Pin Bowling	Providing background administrative support
ADDITIONAL PERSONAL INFORMATION			
Disability The Equalities Act 2010 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities'.		Do you consider yourself to have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Evacuation from Buildings		Are you able to evacuate from a building without help? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Health Conditions Please detail any health conditions information that we should be aware of (eg epilepsy, asthma, diabetes etc.)			
Urgent Medical Treatment Do you have health conditions which may require urgent medical treatment?		Yes <input type="checkbox"/> No <input type="checkbox"/>	



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REFERENCE		EMERGENCY CONTACT DETAILS	
Name:	Name:	Tel No.:	Tel No.:
Tel No:	email:	email:	Relationship:
email:	Relationship:	Relationship:	
Relationship:			
PHOTOGRAPHY AND SOCIAL MEDIA PERMISSION			
I give permission / do not give permission (delete as appropriate) to be filmed or photographed.	Signature:		
I give permission / do not give permission (delete as appropriate) for images to be used on external publications, social media etc.	Signature:		
DECLARATION			
<p>I confirm that to the best of my knowledge the above information is correct.</p> <p>I understand that should my application be successful</p> <ul style="list-style-type: none"> I will be subject to checks by the Disclosure and Barring Services (DBS) and I will become a non-beneficial member of the charity and aim to conduct my activities in a way to further its purposes. 			
Signature:		Date:	
TOGETHER WE CAN DO USE ONLY			
To be completed by the Welfare Officer or Designated Trustees			
Details Checked		Reference Checked	
Discussions Held		DBS Check OK	
DBS Ref No.		DBS Issue Date	
Signature		Date	