

Volunteer Application Form



Personal Information

Full Name (Including Title):

D.O.B:

Address:

Postcode

Telephone

Email

General Information

What area of volunteering are you interested in?

What skills and experience can you bring into Middleport Matters Community Trust?

Please list any qualifications you have achieved, or training courses you have completed.

Have you worked or volunteered in the past, or do you work currently? YES / NO

Please tell us about the type of activities you have been involved in.

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References

Name:	Name:
Address:	Address:
Telephone:	Telephone:
Email:	Email:
Type of Reference: (please circle)	Type of Reference: (please circle)
<i>Employment / Volunteering / Character / Education</i>	<i>Employment / Volunteering / Character / Education</i>

Monitoring Information

Gender: _____ Ethnicity: _____

Do you consider yourself to have a disability? YES / NO

If there is anything else you want to tell us, or for us to be aware of, please let us know here. This may include health conditions, general worries, criminal record, family commitments, caring responsibilities etc.

I confirm that the above information is correct, and that the information can be stored securely by Middleport Matters Community Trust for the duration of my time volunteering with the organisation, and retained for 12 months after that for reporting purposes only.

Signed _____

Date _____

Some of our volunteer roles are available for young people, aged 13 to 18. If you are under 18, a parent or guardian needs to sign below to give permission. If they would like further information about the volunteer role and what you will be doing, please encourage them to call us on 01782 817590 or email us at info@middleportmatters.co.uk.

If under 18, Name of Parent/Guardian _____

Signature of Parent/Guardian _____