



Caring Hands In the Vale



Vale of Evesham Christian Centre
Bewdley Street
Evesham
Worcestershire
WR11 4AD
Tel: 01386 765946

VOLUNTEER APPLICATION FORM

Full Name:

Address:

Home Tel. No.:

Mobile Tel. No.:

E-Mail Address:

Post Applied For:

Employment History:

Employer:

**Dates
Employed:**

Job Title:

**Reason
for Leaving:**

1.

2.

3.

4.

Please feel free to continue on a separate sheet if necessary

List your skills and abilities which you feel are relevant to the voluntary post applied for:

List any qualifications or training courses you have undertaken which you feel are relevant to the voluntary post applied for:

Any other comments:

Any voluntary post with us could involve working with children and vulnerable adults, and as such this post is exempt from the Rehabilitation of Offenders Act, and any unspent convictions must be declared below:

.....
.....

Provide details of at least two people we can apply to for references:

1. Name:

Organisation:

Position:

Address:

Telephone No:

Your relationship to referee:

2. Name:

Organisation:

Position:

Address:

Telephone No:

Your relationship to referee:

3. Name:

Organisation:

Position:

Address:

Telephone No:

Your relationship to referee:

References will be applied for before an applicant is offered any voluntary post within this organisation.

A DBS check will be made against any applicant being offered a voluntary post within this organisation, where required.

I confirm that the information I have given in this application form are correct and up-to-date.

Signed:

Date: