



THE VINEYARD COMMUNITY CENTRE

Charity No: 1143951.



Volunteer application form

Please complete this form to apply for volunteering

1. PLEASE LET US HAVE YOUR PERSONAL DETAILS (please use block capitals)

Surname:		First name:	
Address:	Tel (Home):		
	Tel (Mobile):		
	Date of birth: (year not required)		
Post Code:			

EMAIL ADDRESS:	
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2. NEXT OF KIN NAME:

CONTACT NUMBER:

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3a. ON WHAT DAYS ARE YOU FREE TO HELP?

3b. WHAT HOURS ARE YOU FREE TO HELP?

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4a. CAN YOU TELL US WHY YOU WISH TO BECOME A VOLUNTEER AT THE CENTRE?

4b. CAN YOU TELL US WHAT SORT OF HELP YOU CAN GIVE US?

5a. CAN YOU TELL US WHAT YOUR SKILLS ARE?

5b. PLEASE TELL US WHAT ROLE YOU ARE INTERESTED IN? For guidance, you will see the sort of roles available for volunteering on the separate leaflet.

6a. CAN YOU TELL US ABOUT ANY SPECIFIC QUALIFICATIONS THAT YOU HAVE?

6b. I.T. Skills. Please state your computer/I.T. skills and any software packages like Word or Excel you have used?

7. ARE YOU WORKING AT THE MOMENT? IF SO PLEASE LET US KNOW BELOW

Job Title		Business of Employer:	
Name of Employer:		Date started	
Address of employer:			
Town		Post Code	

8. HAVE YOU DONE ANY VOLUNTARY WORK BEFORE? IF SO, PLEASE LET US KNOW: (Please use continuation sheet if necessary.)

Name and Address of Organisation	Your role	What did you enjoy about this?	Dates you volunteered

Name and Address of Organisation	Your role	What did you enjoy about this?	Dates you volunteered

9. OTHER INFORMATION

Do you consider yourself to be disabled under the Equality Act? (This is defined as “a physical or mental impairment which has a substantial and long term adverse on your ability to carry out normal day to day activities”.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you come for interview, do you require any assistance/adaptations	<input type="checkbox"/> Yes <input type="checkbox"/> No

to help you attend?	
If Yes, what assistance/adaptations do you require?	
Depending on the type of volunteering you do, you may be required to obtain a basic or enhanced disclosure from the Disclosure and Barring Service (DBS). Costs are paid by us. Do you have any objection to a criminal record check being made?	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. DECLARATION

I declare that the information given in this form is true and complete.			
I agree to the information given by me being stored either on paper records or a computer system in accordance with the General Data Protection Regulations 2018 . I understand that it will be processed solely in connection with my application to become a volunteer. When I leave, I agree to only information about my dates of volunteering and my role being supplied to other employers if requested by them.			
Signature:		Date:	

11. REFERENCES

11. REFERENCES		Please give the details of two referees who know you well whom you consent for us to contact. If you are a Christian, please give the details of your minister/vicar/ priest/ as your first reference.	
REF 1. NAME & TITLE	ADDRESS & POST CODE		
Name:	Address:		
Title:	Telephone:	E-mail:	
REF 2. NAME & TITLE	ADDRESS & POST CODE		
Name:	Address:		
Title:	Telephone:	E-mail:	

Please return to: Fiona Brennan at The Vineyard Community Centre, The Vineyard, Richmond, TW10 6AQ. Tel: 020 84399735 Fiona@vineyardcommunity.org
Office Use: date received:

Thank you

