

Volunteer Application Form

Name:

.....D.O.B.....

Phone

Home: Mobile:

Work if applicable:

Address

.....

Postcode

Email:

Emergency Contact:Phone:

Which volunteer roles are you interested in?

Canteen Befriending

Fundraising Events

Activities

Other

Please tell us about any work, volunteering, personal experience or skills that you have that are relevant to the role you are interested in

Qualifications and Training

References

Please supply details of 2 people who know you well enough to comment about your suitability for this role. They should not be family members. If you are not sure about who to put we are happy to discuss this with you

Referee 1

Name:

Address:.....

Email:.....

Phone:

How does this person know you?.....

Referee 2

Name:

Address:.....

Email:.....

Phone:

How does this person know you?.....

Do you have any particular needs that we should be aware of so as to best support your volunteering with us?

How did you hear about us?

Do you have a current DBS certificate.....yes *no*

If so when dose it expire.....

Signed

Date

Please note this document is NOT a contract of employment and any information is given will only be used by Butterflies mlsg.

All information provided is data protected.