



## Volunteer Application Form STRICTLY CONFIDENTIAL

Please print and complete the following application.

Full Name: Mr / Mrs / Ms / Dr / Other

Address:

Postal Code

Home Phone:

Work:

Mobile:

E-mail:

Date of Birth

Nationality:

### Emergency Contact Details

Name:

Relationship:

Phone No:

Please **circle** all categories where you would like to volunteer your time:

Charity Shop

Special Events

Fundraising

Committee Work

Other (please state)

Days you are available to work (**please give times**):

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

When are you available to start working for us?

How did you hear about The Wayne Howard Trust?

What skills can you offer the Charity?

Please tell us about any other volunteer work you have done.

Do you consider yourself to have a disability?

YES

NO

How would this effect your volunteering?

What help can the Charity provide in this area?

Do you have any criminal convictions?

YES

NO

If **YES** please give details of any criminal convictions that you may have, including date(s), the type of offence(s) and the sentence(s) given which are not excluded by the Rehabilitation of Offenders Act 1974. The disclosure of a criminal record may not necessarily prevent you from being appointed. The nature of the offence, how long ago it took place, your age at the time and any other relevant factors may be considered when a decision is made. Please note that some convictions are never considered 'spent' under the terms of the Act (**continue on a separate sheet if necessary**).

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## REFERENCES

I wish to become a volunteer of **The Wayne Howard Trust** and agree to two references being taken up. Please provide two referees. (One should be a person in authority i.e. Solicitor/Tutor/Priest/Doctor. The other should not be directly related to you and preferably have known you for at least three years.)

1. Name

Address

Postcode:

Telephone numbers (including Area Code)

Daytime

Evening

2. Name

Address

Postcode:

Telephone numbers (including Area Code)

Daytime

Evening

I understand that I am not applying for a paid position

(please tick)

I confirm that the information given above is correct.

Date:

Signed:

Print Name

Please return this form to:

The Wayne Howard Trust, 16 Railway Cottages, Tate Road,  
Old Redbridge, Southampton, SO15 0NL Phone: 02380 871696

## FOR OFFICE USE ONLY

Interview date:

Interviewer:

Start date:

Suggested position:

Comments:

