



FOR OFFICE USE ONLY:

Dept: _____ Role: _____
Applied: _____ Start Date: _____
Pref Days/Time: _____

VOLUNTEER APPLICATION FORM

First Name: _____ Date of Birth (DD/MM/YY): _____

Surname: _____ Gender: MALE FEMALE

Address: _____

Postcode: _____

Email: _____ Phone: _____

What type of volunteering role are you applying for? _____

Watersports Admin Events Catering DIY/Maintenance

Are you flexible to volunteer in other roles? YES No

What days are you available during the week?

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any previous work (paid/voluntary) and/or relevant skills for the role you are applying for? _____

Do you have any medical condition, disability or special educational need (SEN) that could affect your experience as a volunteer? If yes, please explain briefly.

Emergency Contact Name: _____

Email: _____ Phone: _____

I confirm that all details provided are correct. I will notify the centre of any changes that take place in writing.

Signature: _____ Date: _____