**Holbeck Together Volunteer Application Form**

(Reg. Charity No.1075934)

|  |  |
| --- | --- |
| **Applicants Full Name** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Date of Birth** |  |
| **Email Address** |  |
| **Name of Emergency Contact** |  |
| **Emergency Contact Telephone Number** |  |

**How did you hear about Holbeck Together?**

**Have you done voluntary work before? Yes/No**

**If yes, would you please give details, including the organisation you worked for, and your Supervisor's name.**

**Do you hold a current Full U.K. Driving License? YES / NO**

**Do you own a car? YES / NO**

**Do you have any known health problems/disabilities?**

**Times Available** **(please indicate when available)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **AM** |  |  |  |  |  |  |  |
| **PM** |  |  |  |  |  |  |  |

Do you have any Volunteering preference, ie. Transport, Lunch Clubs, Befriending, Other

Do you have any specialist knowledge/skills that you feel would benefit Holbeck Together?

**Yes/No**

[If Yes, please specify]

REFERENCES: Please provide below, the names of two persons (not relatives) who can be contacted in confidence for a personal reference.

|  |  |
| --- | --- |
| 1. **Name.** | 1. **Name.** |
| **Address.** | **Address.** |
| **Tel.** | **Tel.** |

**REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975.**

**Please note that all volunteers will be subject to a full DBS check prior to any volunteering and upon receipt of satisfactory references.**

**Please Tick One of the Boxes Below:-**

**I would like to discuss anything at interview None**

**Signature of Volunteer:**

**…………………………………………………………………….. Date ……………**

For Office use only:

|  |  |  |  |
| --- | --- | --- | --- |
| Date References Requested | Date Reference received ref. 1 | Date Reference received ref. 2 | References satisfactory |
|  |  |  | Yes / No |

|  |  |
| --- | --- |
| **Notes** |  |

Please return this form to: Holbeck Together, The Old Box Office, 99 Domestic Street, Holbeck, LS11 9NS

– 0113 245 5553 or return to [admin@holbecktogether.org](mailto:admin@holbecktogether.org)