**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 and what do you know about our services?**

**Have you volunteered before? Yes/No**

**If yes, please provide any details, including the organisation/s and your role/s.**

**Why do you want to volunteer and what do you hope to achieve?**

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

**Which of our volunteering roles are you interested in? e.g. Lunch Clubs, Befriending, Other**

**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, illnesses or disabilities that we may need to be aware of and support you with in your volunteering?**

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

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

REFERENCES: Please provide details below of the names of two people (not family members) who can be contacted in confidence for a personal and/or professional reference.

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

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

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

**Would you like to discuss anything relevant to the DBS check prior to or during your interview?**

**Please Tick One of the Boxes Below: Yes No**

**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 Tel: 0113 245 5553 or email to [chris@holbecktogether.org](mailto:chris@holbecktogether.org)