

Volunteer Application

HR02.1

ALL INFORMATION ON THIS FORM IS TREATED AS CONFIDENTIAL.

This application form must be completed as accurately as possible. It is essential for the processing of your application for volunteering that all questions are answered.

Each applicant must realise that no guarantee of acceptance is given by the completion of this form.

First Names:	<input type="text"/>	Last Name:	<input type="text"/>
Date of Birth:	<input type="text" value="□□/□□/□□□□"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home No:	<input type="text"/>	Work No:	<input type="text"/>
Mobile No:	<input type="text"/>		
Residential Address:	<input type="text"/>		
Town:	<input type="text"/>	Post Code:	<input type="text"/>
Postal Address:	<input type="text"/>		
Town:	<input type="text"/>	Post Code:	<input type="text"/>
What days are you available to Volunteer?			
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/> Friday <input type="checkbox"/>
How many hours a week do you prefer?	<input type="text"/>		
Do you have a physical disability or medical condition or any other condition which may affect your ability to perform tasks required of you?.			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
What are your Hobbies?			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Do you speak / read / write any language other than English? (Please specify)			Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>			

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If Yes, what is your Driver License Number & Expiry Date?	
Do you have a First Aid Certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a Manual Handling Certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Given the particular nature of work within CLASS, applicants will only be considered after a satisfactory police report has been received.	
Do you agree to complete authority for release of information?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please tick the activities that interest you.			
Driving <input type="checkbox"/>	Art & Craft <input type="checkbox"/>	Drama <input type="checkbox"/>	Cooking <input type="checkbox"/>
Swimming <input type="checkbox"/>	Music <input type="checkbox"/>	Gardening <input type="checkbox"/>	Computer <input type="checkbox"/>
Administration <input type="checkbox"/>	Research <input type="checkbox"/>	Fundraising <input type="checkbox"/>	Events <input type="checkbox"/>

Name, address and day time telephone contact of two references who can provide confidential information regarding previous employment/volunteer duties.	
Name:	[]
Organisation:	[]
Contact Number:	[]
Name:	[]
Organisation:	[]
Contact Number:	[]

I, the undersigned authorise CLASS to contact the above referees to collect personal information relevant to this application concerning my academic background and employment/ volunteering history and to verify any character references I have supplied. I understand the information obtained will be kept confidential. I verify the information contained on this form to be correct.

Signed:		Date:	
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