



## VOLUNTEER APPLICATION FORM

*This information will not be made available to organisations other than Wyeside*

### Personal Details

Title: (e.g.) Mr Mrs Ms Miss: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Mobile number: \_\_\_\_\_ e-mail \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Skills and Interests which you feel relevant

Qualifications/Skills/Interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous work and/or volunteer experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer with WYESIDE? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### WHICH TYPE OF VOLUNTEER WORK WOULD INTEREST YOU?

- |                                 |                               |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Usher  | <input type="checkbox"/> Bar  |
| <input type="checkbox"/> Cinema | <input type="checkbox"/> Live |

WE ALSO NEED OCCASIONAL HELP WITH OTHER AREAS, WHICH DO YOU FEEL YOU COULD HELP WITH? (Tick all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Envelope Stuffing              | <input type="checkbox"/> Fundraising            |
| <input type="checkbox"/> Brochure & Poster Distribution | <input type="checkbox"/> Marketing Support      |
| <input type="checkbox"/> General Office support         | <input type="checkbox"/> Technical Support      |
| <input type="checkbox"/> Cleaning Support               | <input type="checkbox"/> Flood Call-Out Support |
| <input type="checkbox"/> Other (please specify) _____   |   |

## Availability

AT WHAT TIMES ARE YOU AVAILABLE TO VOLUNTEER?

- Weekdays       Evenings  
 Weekends       Daytime

WHAT CONSISTENCY OF VOLUNTEERING ARE YOU ABLE TO OFFER?

- Regularly -> which day/s of the week? \_\_\_\_\_  
 Occasionally (minimum 12 per year)

There are times during the week/month/year when I cannot volunteer

\_\_\_\_\_

Do you have a first aid qualification / certificate?

- Yes       No

## References

Please give details of two people (not relatives) who know you well and would be able to give a personal reference. Please seek their permission before submitting their names.

	1 <sup>st</sup> Referee	2 <sup>nd</sup> Referee
Name		
Address		
Occupation		
How long have you known them?		
In what connection?		

**NB.** In line with Wyese's Children and Young People's Protection Policy we may ask you to complete a Subject Access Request (a short form to fill in) via the Data Protection Department, Dyfed-Powys Police. Wyese will cover the cost of this.

Have you had any criminal convictions?

- Yes       No

I give my permission for the details on this form to be stored on a database, solely for the purpose of monitoring and improving the effectiveness of WYESIDE's work through volunteers.

Signed \_\_\_\_\_

Date \_\_\_\_\_