

Junction

Goole
Town
Council

Volunteer Application Form

TITLE	FIRST NAME(S)	SURNAME
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ADDRESS

.....

..... POSTCODE

CONTACT DETAILS

HOME (including STD Codes) MOBILE

EMAIL ADDRESS

DETAILS OF PREVIOUS EXPERIENCE AND SKILLS

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WHAT DO YOU HOPE TO GAIN FROM VOLUNTEERING AT JUNCTION

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AVAILABILITY Please tick when you would be available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

DO YOU HAVE ANY ACCESS OR SUPPORT REQUIREMENTS? (e.g. large print, induction loop, wheelchair access)

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Disclosing your disability - It's up to you whether you want to disclose your disability or not. But telling us gives us an opportunity to look at ways to support you to carry out your volunteering role more confidently and safely. Disclosing your disability is also a great way to help raise our awareness and understanding of how to involve disabled people as volunteers.

Are you related to a Member or Senior Officer of this Authority? YES/NO (If yes please give name(s) and relationships)

Please state where you saw this vacancy advertised:

Do you hold a full valid driving licence? YES/NO **Do you own a car?** YES/NO

Have you ever been convicted of a criminal offence? YES/NO If yes, please give full details on a separate sheet.

You need not include convictions which are 'spent' under the Rehabilitation of Offenders Act 1974, unless otherwise stated on the application package.

Do you consent to a Disclosure & Barring Service check YES/NO

REFEREES Please give details of two referees (Unless otherwise requested referees will be contacted before the interview)

1. Name	2. Name
Position	Position
Address	Address
.....
.....
Post Code	Post Code
Daytime Tel. No.	Daytime Tel. No.
Email	Email

FOR OFFICIAL USE ONLY

REQUESTED		RECEIVED		REQUESTED		RECEIVED	
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This application will be treated in the strictest confidence. Canvassing of any Member or Officer of the Council will disqualify a volunteer for appointment. The Council reserves the right to verify claims made in this application.

I certify that the contents of this application are, to the best of my knowledge and belief, a true statement. Any false statement or withholding of relevant information may result in dismissal or the withdrawal of an offer of volunteering.

Signature of applicant.....

Date.....

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Shortlisted for interview YES/NO Rejection - E.O. Code: