**VOLUNTEER APPLICATION FORM**

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| --- | --- |
| Surname:  | Telephone number (Home):  |
| First Name:  | Telephone number (Mobile):  |
| Address: | E-mail Address: |
| Postcode:  | Today’s Date:  |

|  |
| --- |
| Gender: Male Female |
| Age Group:Under 1818-25 26-40 41-55 Over 55 |

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| --- |
| Please tell us why you want to volunteer with our organisation. |
| Please tell us what you hope to gain from your experience with us. |
| Please tell us about any educational background, work or volunteering experience that would be relevant to the volunteer role you are applying for.  |
| If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role. |
| What hobbies, skills, special interests or qualities do you have that may be relevant to the volunteer role you are applying for? |
| When are you available to volunteer? (Please specify days, times and the length of commitment you would like to make) |

**Referees**

Please supply us with details of two people who are willing to provide references for you. One of them should be a professional, ideally someone you have worked with before, either as a volunteer, or an employee. Please do not ask a relative.

|  |  |
| --- | --- |
| Name:  | Name: |
| Address: | Address: |
| E-mail: | E-mail: |
| Telephone No | Telephone No.:  |

|  |
| --- |
| Do you have any special needs you would like to share with us? |

|  |
| --- |
| Any other comments. |

Please return to:

The THOMAS Project

196H Walsall Wood Road

Aldridge

Walsall

WS9 8HB

**Please note:** A basic DBS check is a requirement for all of the volunteer roles within our organization and an enhanced DBS check is required for roles which involve regulated activity.