

**Volunteer Application Form**

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| Volunteer Role Title: |  |
| Please tell us how you heard about this opportunity: |  |

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| --- | --- | --- | --- |
| Last Name: |  | First Name: |  |

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| --- | --- |
| Address: |  |
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| --- | --- |
| Postcode: |  |

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| --- | --- | --- | --- |
| Home Telephone No.  |  | Daytime Contact No. |  |

|  |  |
| --- | --- |
| E-mail address: |  |

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Please tell us if there are any ‘reasonable adjustments’ we can make to assist you in your application or with our volunteer recruitment process?

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Please tell us why you would like this role.

Please highlight your skills that you feel would be relevant to this voluntary role, including any relevant experience from employment, volunteering or education.

**Availability**

Please indicate your availability for volunteering:

Seeking regular volunteering each week ☐ Seeking ad-hoc volunteering ☐

Monday: Morning☐ Afternoon ☐ Evening☐

Tuesday: Morning☐ Afternoon ☐ Evening☐

Wednesday: Morning☐ Afternoon ☐ Evening☐

Thursday: Morning☐ Afternoon ☐ Evening☐

Friday: Morning☐ Afternoon ☐ Evening☐

Saturday: Morning☐ Afternoon ☐ Evening☐

Sunday: Morning☐ Afternoon ☐ Evening☐

When would you be available to commence volunteering in this role?

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Please advise of any holidays booked during 2016

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Please give the names and addresses of two referees. They should know you from employment, volunteering or education. If you are unable to provide referees from these areas, please clearly outline who your referees are.

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| --- | --- |
| Referee 1: | Referee 2: |
| Name |  | Name |  |
| e-mail |  | e-mail |  |
| Phone |  | Phone |  |
| Nature of relationship |  | Nature of relationship |  |

Please tell us if there are any dates during the next month when you will not be available for a volunteer interview

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| Please complete the following declaration and sign it in the appropriate place below. *I agree that Pavilions Teignmouth CIO can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998.****I confirm that all the information given by me on this form is correct and accurate***  |
| **Signed:** |  | **Date:** |  |
|  |

 *(If you are sending by email you can print name)*

Please return your completed form to Pavilions Teignmouth Box Office during opening hours (Mon to Sat 10am to 3pm or open an hour before a performance) or email it to dawn@pavilionsteignmouth.org.uk

Thank you – we will be in touch with you