

BRAMCOTE OLD CHURCH TOWER TRUST



VOLUNTEER APPLICATION FORM

VOLUNTEERING OPPORTUNITY APPLIED FOR:

NAME:

ADDRESS:

.....

CONTACT DETAILS: Phone (Mobile/Landline):

E-mail:

Next of Kin for Emergencies: (name, address, phone no.)

.....

Availability:

Flexible	Weekdays
Daytime	Weekends
Evenings	Other

Previous Volunteering/Employment record (Please list any volunteering and employment experience that you feel would be relevant to the area you would like to volunteer in)

Name and Address of Employer and Nature of Business:	From:	Job Title/Responsibilities

BRAMCOTE OLD CHURCH TOWER TRUST



Education and Training (Please list any qualifications that you feel are relevant to your application)

From	To	Type of Institution i.e. School/College	Examinations taken and Qualifications Gained

Reasons for Volunteering with the Trust

Any information you can give in answer to the question above will help us to meet your expectations and make the best of your skills, knowledge and aptitudes. Please consider the Volunteer Role Description and Person specification

BRAMCOTE OLD CHURCH TOWER TRUST



Do you have a Criminal Record? YES/NO

Disability Discrimination Act 1995

Section 1 of this Act describes a disabled person as a person with a 'physical or mental impairment which has a substantial or long-term effect on his/her ability to carry out normal day-to-day activities'.

Using this definition, would you consider yourself to be disabled? Yes No
(please tick as appropriate)

If yes, do you require any special arrangements to enable you to carry out the role you have applied for?

If so, please provide details:

Names and Contact Details of Referees: one of these may be work related and the other a character reference from a person of good repute such as a: medical practitioner; police/probation officer; minister of religion; social worker; club representative or similar. Please state how long you have known this person. Two character references can be accepted where an employer reference is not available.

Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone No.:	Telephone No.:
Nature of Relationship:	Nature of Relationship:

Please return the completed application form to:

volunteersboctt@outlook.com

BRAMCOTE OLD CHURCH TOWER TRUST



FOR OFFICE USE ONLY

DATE OF INTERVIEW: (OFFICE USE ONLY)

OUTCOME OF INTERVIEW:

DATE OF INDUCTION TRAINING:

SIGNATURE OF TRAINER

DATES AND DETAILS OF OTHER TRAINING
