Before you fill out this application form please read the [Volunteer Role Descriptions](https://www.creeksidecentre.org.uk/get-involved/volunteer/) and visit our website [www.creeksidecentre.org.uk](http://www.creeksidecentre.org.uk) to find out more about us.

**Personal Details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Telephone |  |
| Email  |  |
|  |
| Please indicate which volunteer role you are interested in applying for: | Learning Team Volunteer 🞏Low Tide Walk Volunteer 🞏Conservation Volunteer 🞏 |
| Please tick to confirm that you have read & understood the relevant Volunteer Role Description:  | 🞏 |
| **Why are you suitable for this role? Highlight any skills and experience that you have.** |
|  |
| **Why do you want to do voluntary work and what do you hope to gain from it?** |
|  |

**Availability**

Learning Team Volunteer only:

|  |
| --- |
| Tick your weekly availability, core hours for a Learning Team Volunteer are 09.30-15.00 |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |
| Preferred start date |  | Preferred end date |  |

All other volunteering roles:

|  |
| --- |
| Tick your weekly availability |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** | **AM** | **PM** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Preferred start date |  | Preferred end date |  |

**Emergency Contact Details**

|  |
| --- |
| Preferred contact person (in the event of an emergency) |
| Name |  |
| Phone number  |  |
| Address |  |
| Relationship to you |  |

**Medical**

|  |
| --- |
| Do you have any medical conditions or allergies that we should be aware of 🞏 Yes 🞏 No |
| If yes, please give details |
|  |
| Do you have any physical or support needs that we should be aware of 🞏 Yes 🞏 No |
| If yes, please give details |
| **DBS Check** |
| Some volunteers are required to undergo a police check from the Disclosure and Barring Service. This will be done if you are offered the role. If you have been DBS checked previously please provide the information requested below. |
| DBS certificate number  |  | Surname on certificate |  | Date of birth on certificate |  |

|  |
| --- |
| **Please provide details of 2 referees who can support your application. They will be contacted if we offer you a voluntary role. Neither should be a relative.** |
| Referee 1 | Referee 2 |
| Name |  | Name |  |
| Address |  | Address |  |
| Tel |  | Tel |  |
| Email |  | Email |  |
| In what capacity do you know this referee? | In what capacity do you know this referee? |
|  |  |
| **How did you hear about this role?** |
|  |
|  |
| **Declaration**: I certify the information given on this form is to the best of my knowledge true and complete. |
| Signed  | Date  |

**Please return this form** **to** **info@creeksidecentre.org.uk**