**Volunteer Application Form**

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| Name | Address  Postcode | |
| Mobile: | Email address: | |
| Which Volunteer Role(s) do you wish to apply for (Please see our web site for volunteer roles – [www.alsagercommunitysupport.org.uk](http://www.alsagercommunitysupport.org.uk) ) Please be aware that for roles supporting vulnerable people we are required to carry out a Disclosure and Barring (Police Record) check. | | |
| Please give details of any skills or experience you can bring to the role: | | |
| Which days or half days are you available to volunteer? | | |
| Do you have any health issues which may affect your role as a volunteer? | | |
| Please give details of a referee: | | |
| Reference 1  Name  Telephone  Email  How long have you known this person & in what capacity? e.g. employer, friend | |  |

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| In accordance with 1998 Data Protection Act, I agree that Alsager Community Support may hold and use my personal information for volunteering reasons and for keeping in touch with me. I understand that my information will be held securely and only accessed by authorised personnel. |

Signature…………………………………………. Date …………………………