

GULLIVERS ENTERPRISES

STURTS COMMUNITY TRUST



VOLUNTEER APPLICATION FORM





VOLUNTEER APPLICATION

PERSONAL DETAILS

TITLE: MR / MRS / MISS / OTHER - PLEASE STATE

NAME OF VOLUNTEER:

ADDRESS:

TEL:

EMAIL:

DO YOU REQUIRE A WORK PERMIT?

Y / N

VOLUNTEER SIGNATURE:



VOLUNTEER APPLICATION

VOLUNTEER DETAILS

Which volunteer roles are you interested in? (Please circle)



Please tell us about any work, volunteering, personal experience or skills that you have that are relevant to the role you are interested in?



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At what times / days are you interested in volunteering?

Do you have any particular needs that we should be aware of so as to best support your volunteering with us?



VOLUNTEER APPLICATION

REFERENCES

To complete your application, we need you to supply us with two people who know you well enough to comment on your suitability for this role. They should not be family members.

REFEREE 1

NAME OF REFEREE:

ADDRESS:

TEL:

EMAIL:

How does this person know you?



VOLUNTEER APPLICATION

REFERENCES

REFEREE 2

NAME OF REFEREE:

ADDRESS:

TEL:

EMAIL:

How does this person know you?



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DBS CHECK

As you will be working with vulnerable adults, we require all volunteers to take a DBS check.

We welcome volunteer applications from every one. Having a criminal record will not necessarily exclude you from volunteering with us and your application will be dependent on the nature of the offence and position applied for.

How did you hear about us?)

FULL NAME:

SIGNED:

DATE:

PLEASE RETURN FORM TO:

STACY WILLIAMS

STURTS FARM, THREE CROSS ROAD, WEST MOORS, BH22 0NF