VOLUNTEER APPLICATION FORM **marah**

This application form provides us with basic information before we meet with you and for our records if you become a volunteer for us. All personal information is treated in strictest confidence.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | Last Name: | |  | | First Name(s): |  | |
| Address:  Post code: | | | | | | | | |
| Home Telephone No: | | |  | | | | | |
| Mobile Telephone No: | | |  | | | | | |
| E-mail: | | |  | | | | | |
|  | | |  | | | | |
| Name of Emergency Contact: | | | | |  | | | |
| Emergency Contact Telephone No: | | | | |  | | | |
| Your Relationship to Emergency Contact: | | | | |  | | | |
|  | | | | | | | |
| How would you be most interested in helping Marah?  e.g: Helping out at drop-in, admin support, fundraising | | | | | | | | |
|  | | | | | | | |
| Please tell us about any skills and experience you feel are relevant to your application: | | | | | | | | |
|  | | | | | | | | |
| Please tell us which hours and days you would be available?  **To help at the drop-in you will need to attend a minimum of two sessions per month.** | | | | | | | | |
|  | | | | | | | | |
| We aim to ensure that all people are given equal opportunities to volunteer with Marah. To help us enable this please tell us if you consider yourself to have any disabilities or support needs? | | | | | | | | |
| Please give brief details of any relevant employment or volunteering you have done during the last five years: | | | | | | | | |
|  | | | | | | | | |
| How did you hear about Marah Trust? | | | | | | | | |
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| Please briefly explain your reason(s) for offering to help Marah. | | | | | | | | |
|  | | | | | | | | |

Please give details of two people who we may contact to provide references for you. They must be able to comment on your suitability in this volunteer role. One should be a previous manager, teacher or minister if appropriate. Please do not use relatives.

|  |  |
| --- | --- |
| Name: | Name: |
| Occupation: | Occupation: |
| Address:  Post code:  Telephone No | Address:  Post code:  Telephone No |
| Capacity in which known to you: | Capacity in which known to you: |

Please sign below to confirm the information you have provided is correct and to give us your permission to contact the above named referees. You can sign and send this form electronically.

|  |  |
| --- | --- |
| *Signature:* ...................................................................... | *Date:* |

In order to comply with the National Care Standards Commission, all new volunteers will be subject to a Disclosure and Barring Service (DBS) check.

*Please return to:* ***office@marah.org.uk*** *or Marah Trust, Open House, Old Painswick Inn, Gloucester Street, Stroud GL5 1QG Tel: 01453 367006 www.marah.org.uk*