

Volunteering Application Form



Please complete both sides of this form and return to Park Roots, Birkenhead Park Visitor Centre, Park Drive, Birkenhead CH41 4HY. If you have any questions please feel free to contact us on 0151 652 5197 - ask for Anne Litherland or Sally Dobbing and we will do our best to help.

Volunteer role(s) applied for:

Personal Details

Title (Ms/ Mr/ Mrs/ Miss/ Other):

First name:

Surname:

Address:

Postcode:

Tel. No. (daytime):

Tel. No. (evening):

Tel. No. (mobile):

Email:

Date of Birth:

Age:

Gender (please tick)

Male **Female**

Please give details of any experience, learning and/or skills you have which are relevant to the role you are applying for:

Please give details of any relevant medical condition(e.g.allergies to bees, diabetes)

Is your tetanus protection up to date? If working outside it is recommended that you check with your doctor.

When would you be able to volunteer? (please tick)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am							
pm							
eve							

Our work requires us to ask all volunteers to complete a Criminal Records Bureau Check. Convictions do not necessarily stop you from volunteering and we can discuss this in more detail at your volunteer interview.

Do you have an unspent criminal conviction? YES NO

Do you have any convictions which are exempt under the 1974 Rehabilitation of Offenders Act? YES NO

References and Emergency Contact	
We would be grateful if you could provide the names and addresses of two referees to assist us. (Please do not include any relatives or people under the age of 18)	
Referee 1:	
Name:	Address:
Tel. No.:	
Relationship to you:	Postcode:
Referee 2:	
Name:	Address:
Tel No.:	
Relationship to you:	Postcode:
In case of emergency, please contact:	
Name:	Address:
Tel. No.:	
Relationship to you:	Postcode:

I certify that to the best of my knowledge, the information on this form is correct.	
Signature:	Date: