



Charity No: 270486

APPLICATION FOR VOLUNTARY WORK <i>Block Capitals Throughout Please</i>				
MR, MRS, MS, OTHER: _____	HOME PH NO: _____			
FULL NAME: _____	_____			
ADDRESS : _____	MOB PH NO: _____			
_____	_____			
POSTCODE: _____	EMAIL: _____			
DATE OF BIRTH: _____	M <input type="checkbox"/> F <input type="checkbox"/> NATIONAL INSURANCE NO: _____			
OCCUPATION: _____				
NAME OF EMPLOYER: /COLLEGE: _____				
ADDRESS: _____				

POSTCODE: _____				
DO YOU HOLD A CURRENT DRIVING LICENCE ? YES <input type="checkbox"/> NO <input type="checkbox"/>				
PLEASE CAN YOU SUPPLY 2 PASSPORT PHOTOS: ATTACHED <input type="checkbox"/>				
WOULD YOU LIKE TO JOIN DREADNOUGHTS AUTOMATED TEXT MESSAGE SERVICE YES <input type="checkbox"/> NO <input type="checkbox"/>				
Please use this space to tell us a little about your interests and motivations for volunteering with us. (i.e. To gain skills, experience, "to put something back" etc)				
WHICH DAYS AND TIMES ARE YOU AVAILABLE? <i>Please circle</i>				
FRI	MON	TUE	WED	THU
AM	PM	EVE	AM	PM
EVE		AM	PM	EVE
	AM	PM	EVE	AM
				PM
HOW DID YOU HEAR ABOUT DREADNOUGHT?				

HAVE YOU ANY OBJECTIONS TO ENHANCED DBS CHECKS BEING UNDERTAKEN, TO REGISTER FOR THE DBS UPDATE RENEWAL SERVICE AND PERFORM UPDATE CHECKS WHEN REQUIRED.

(Dreadnought requires a £5 contribution to undertake this process)

YES

NO

THE VOLUNTARY WORK FOR WHICH YOU ARE APPLYING IS "EXEMPT" UNDER THE PROVISIONS OF REHABILITATION OF OFFENDERS ACT. PLEASE SIGN BELOW AND STATE WHETHER OR NOT ANY COURT HAS AT ANY TIME FOUND YOU GUILTY OF AN OFFENCE. IF YES, PLEASE GIVE DETAILS.

(This will not necessarily debar you from voluntary work for Dreadnought)

IF NO PLEASE STATE "NO CONVICTIONS" _____

SIGNED : _____

DATE: _____

EMERGENCY DETAILS *(Who we should contact in case of an emergency)*

NAME: _____

RELATIONSHIP TO YOU _____

ADDRESS _____

HOME NO: _____

WORK NO: _____

MOB NO: _____

WOULD YOU LIKE US TO BE AWARE OF ANY MEDICATION YOU ARE TAKING, IN CASE OF AN EMERGENCY?

IF SO PLEASE INDICATE:

I GIVE PERMISSION FOR DREADNOUGHT TO RETAIN PERSONAL INFORMATION ON MY FILE IF DEEMED RELEVANT TO MY APPLICATION TO BE A VOLUNTEER.

SIGNED : _____ **DATE:** _____

NAME AND ADDRESS OF 3 REFEREES. *At least 1 to be your current/previous employer or a professional person, the remaining 2 to have known you for at least 2 years and not be a family member or partner.*

NAME: _____ **PHONE NO:** _____

ADDRESS: _____ **EMAIL;** _____

POSTCODE: _____

NAME: _____ **PHONE NO:** _____

ADDRESS: _____ **EMAIL:** _____

POSTCODE _____

NAME: _____ **PHONE NO:** _____

ADDRESS: _____ **EMAIL;** _____

POSTCODE _____