



VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____

Address: _____

Post Code: _____

Day time Telephone: _____ Evening telephone: _____

E mail: _____

EMERGENCY CONTACT

Name: _____

Address: _____

Contact telephone number: _____

QUALIFICATIONS

Institute Address: _____

Course: _____

Grade Achieved: _____

PLEASE TELL US ABOUT ANY PROFESSIONAL REGISTRATIONS OR INSURANCES BELOW:

EXPERIENCE AND INTEREST

Volunteer & or work experience:

Organisation: _____

Length of time as volunteer/employee: _____

Position Held: _____

REFERENCE

Name: _____

Address: _____

Contact telephone number: _____

Email: _____

Describe why you are interested in working as a volunteer with YAMS in the box below

AVAILABILITY (please indicate with an X if available)

Mon	Tues	Wed	Thur	Fri	Sat	Sun
Mornings	Afternoons		Evenings		Specific times	

Comments:

Is there any additional information you feel would be helpful?

CONVICTIONS

Our aim and purpose is to reduce stigma and support individuals to feel socially included and part of their community, hence promoting mental well-being. You will be required to become a member of the PVG scheme upon appointment, however; we will consider all relevant information provided to support ex-offenders where practical. Please tell us about any convictions you hold:

Conviction: _____

Date: _____

Sentence: _____

DECLARATION

Please sign below to indicate that all information provided in this application is a true account.

Sign: _____ **Date:** _____

Thank you for your interest!