Volunteer Application form

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| **Project/Service:** **Location:**  | **Volunteer Role Applying for:** |
| **Name:****Address:****Email Address:** **Phone Number:** *(Mobile) (Home)* |

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| **Emergency Contact Details** *(in case of accident or emergency)* **Name:****Telephone Number:** *(Mobile) (Home)***Relationship:** *(e.g. partner/mother/spouse)* |
| **Medical Conditions that could affect your volunteering:** |

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| **Please confirm** **with an SWT staff member to see if your role requires references.** Please provide details of two people, not related to you, who may be approached for references as to your suitability for the post. If applicable one should be your most recent employer.  |
| **Name:** | **Name:** |
| **Address:** | **Address:** |
| **Email:** | **Email:** |
| **Phone:** | **Phone:** |
| **Relationship to you:** | **Relationship to you:** |

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| **Relevant Skills and Experience:****Do you hold a First Aid certificate?** *(Delete as applicable)* **Yes / No****If yes what date does it expire? ……………………….****Availability and length of commitment** |

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| **Are you a member of the Staffordshire Wildlife Trust?** (Delete as applicable) **Yes / No**  |

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| **I understand and agree to these details and my activity as a volunteer to be held on a volunteer data base, for administration purposes only.** **Signed………………………………………………………. Date………………………………………………………….** |

Please return your completed form to: volunteers@staffs-wildlife.org.uk or send via post to: Staffordshire Wildlife Trust, Wolseley Centre, Wolseley Bridge, Stafford, ST17 0WT.

*Please note: If your application is not progressed your information will be destroyed as confidential waste.*