



# Volunteer Application Form

## Non Client Facing Roles

Position Applied For
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Title:	First Name		Surname	
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Address	Email address	
	Phone	
	Mobile	

Paid or unpaid work experience: 1..... 2..... 3.....	Dates:..... Dates:..... Dates:.....
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Please indicate in order of preference which area you might be interest to volunteer in:			
Administration	<input type="checkbox"/>	Outreach	<input type="checkbox"/>
Management	<input type="checkbox"/>	Project work	<input type="checkbox"/>
Training	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
PR /Marketing	<input type="checkbox"/>	Other	<input type="checkbox"/>
How regularly are you able to volunteer and over what period?			

What skills do you have that would help you in these roles
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How did you hear about volunteering with us

Word of Mouth

Advert

I have been supported by Cruse

Poster

Internet

Newspaper Ad

Other

(specify).....

**Personal Details** (a disability or health problem will not prevent full consideration of your application)

Do you consider you have a disability or a serious health issues

YES/NO

If 'Yes', please state the nature of the disability. Would you need any adjustments to be made to carry out this role?.....

**DISCLOSURE OF CONVICTION (rehabilitation of Offenders Act 1974.**

Other than a standard motoring fine , have you ever been convicted of a criminal offence

YES/NO

Have you ever been declared bankrupt or have you ever been a Director of a company that has gone into compulsory liquidation

YES/NO

If YES to either question please give details in a **separate sealed envelope** as above. This will not prevent full consideration of your application

**Reference One**

Name .....

Relationship.....

Address.....

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Email.....

Telephone .....

**Reference Two**

Name.....

Relationship.....

Address.....

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Email.....

Telephone.....

**DATA PROTECTION ACT:**

**Please be aware that by becoming a volunteer for Cruse Richmond, you are consenting to us holding your information on our volunteer database. You will receive a regular newsletter and other information from us. If you are not happy to receive this , please tick here**

DECLARATON : To the best of my knowledge the information I have given is true and correct

Signed..... Date.....

Please return your form to : Sandra Pullen C/O Cruse Bereavement Care, Richmond upon Thames Branch, c/o 141 Kingsway, Mortlake, SW14 7HN (Please note: Postal address only).