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| **Richmond AID Volunteer Application Form** |
| **Your name** |  |
| **Your contact details**  | Address:Phone numbers:Email:Other:  |
| **What role(s) are you interested in?** |  |
| **What skills & experience do you have?** | Please refer back to the skills and experience required in the role description and also highlight any other skills that you think are relevant |
| **Why would you like to volunteer with us?**  |  |
| **What interests or hobbies do you have?**  |  |
| **Availability**  | Please tick all times that you are free and how many hours you can volunteer

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|  | Mon | Tue | Wed | Thurs | Fri | Sat | Sun |
| am |  |  |  |  |  |  |  |
| pm |  |  |  |  |  |  |  |
| eve |  |  |  |  |  |  |  |

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| **Do you have a disability?**  |  Yes ❑ No ❑ If yes please describe your disability Would you need any reasonable adjustments to the office space to enable you to volunteer with us?  |
| **Reference** | Please give us the contact details of one person that we can contact as a referee for youName: Email address: Tel: Does this person know you are using them as a referee for this role? Yes ❑ No ❑  |
| **Any questions?**  |  |
| **Data Protection** | Information given by you on this form will be treated as confidential in line with the Data Protection Act 1998.  |
| **Date and Signature** | I confirm that the information given in this form is accurate. Signature: Date:  |
| **Thank you!**  | Thank you for taking the time for filling in this form. We will be in touch soon!  |