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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   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Mon | Tue | Wed | Thurs | Fri | Sat | Sun | | am |  |  |  |  |  |  |  | | pm |  |  |  |  |  |  |  | | eve |  |  |  |  |  |  |  | |
| **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 you  Name:  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! |