

Volunteer Application Form

Personal Details									
Title		First Name/s							
Last Name									
Address									
Postcode									
Daytime Phone No.									
Mobile:									
Email									
Employment									
Please tick the corre	ect box. Ar	e you cur	rently	?					
Employed	-	oloyed	Une	mployed	Retired	Student	Student		
(full-time)	(par	t-time)				(full-time)	(part-time)		
Access Requirements and Health Conditions									
If you have any access requirements or health conditions (eg. allergies, medication, etc.) that it would									
be helpful for us to know about, please tell us below.									
All information is strictly confidential. We can contact you in confidence to discuss your requirements,									
please let us know below if you would prefer this.									
Emergency Contact details									
Please provide the details of someone we can contact in the event of an accident or emergency whilst									
you are volunteering. All details are strictly confidential.									
Name									
Relationship to you									
Daytime Phone Nur	mber								
Mobile Phone Num	ber								

About You											
Area of Volunteer Interest (Please Tick all		Visitor Services		Lear	Learning		Ca		afe	Special Events	
that apply)											
If you have any <u>unspent</u> criminal convictions, please detail them below. All information is strictly confidential. Applications will be accepted for applicants where offences that are not relevant to, and do not place them at, or make them a risk in, the role for which they are applying. However, failure to disclose all 'unspent' convictions could result in disciplinary proceedings or dismissal.											
Availability- Please tick the boxes to show your availability to volunteer.											
•	а	m	pm	evenin	g			am	pm	evening	
Monday	-					Friday					
Tuesday						Saturday					
Wednesday						Sunday					
Thursday References					Any days						
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Please provide				eiated to	yo	u) wno	we ca	n contact	about you	ir application	
and suitability			1								
Title	First Nar	ne	Last name			tle: First		Name: Surna		ime:	
Address					Address						
Email (preferred)						Email (preferred)					
Telephone					Telephone						
Relationship to you					Relationship to you						
Thank you for your interest in volunteering at Shire Hall. Please sign and date the form and return it to											
the address or email below. We will be in touch with you as soon as we can.											
Signed					Da	ate					
How did you hear about volunteering at Shire Hall?											
Please return your completed form to: Shire Hall Dorset, High West Street, Dorchester, Dorset, DT1											
1UY or email volunteering@shirehalldorset.org. For more information call us on 01305 261849.											