

**Volunteer Application**

Mr/Mrs/Miss/Ms (please circle one)

Last Name:………………………………………………………………………………..

First Name:………………………………………………………………………………..

Address:……………………………………………………………………………………

National Insurance Number …………………………………………………………….

Phone Numbers: Home: Mobile:

Email:

Emergency contacts:……………………………………………………………………..

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_

Photograph consent: There may be opportunities for yourself to be filmed/ photographed to use in newspapers, promotional video’s etc. Please tick the box if you consent to this. ☐

Please provide information on medical problems or any current medication being taken.

Please tell us about yourself

Please describe any relevant present/previous employment, and/or community or volunteer involvement: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Please describe any skills, training, education and/or interests that you have that would be relevant to volunteering with us: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………......................

Have you completed any of the following courses?

|  |  |  |
| --- | --- | --- |
|  | Yes / No | Date Completed |
| Safeguarding |  |  |
| Disability Awareness |  |  |
| First Aid |  |  |

How did you hear about Better Things? ..................................................................................................................................................................................................................................................................

Please use this space to tell us anything else about yourself that you feel is relevant to volunteering with us (i.e. experience with children, special needs individuals, specific goals related to volunteering): ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

References

Please provide TWO References, other than family or friends.  
References given must have known you for over one (1) year (Example: Co-Workers, Teachers, Managers) and ideally one reference should be from a learning disability centred environment

1) Name: ……………………………………… Address: ….......................................

……………………………………………………………………………………………..

Telephone: ………………………………… E-Mail: …………………………………...

Position: …………………………………………….

2) Name: ……………………………………… Address: ….......................................

……………………………………………………………………………………………..

Telephone: ………………………………… E-Mail: …………………………………...

Position: …………………………………………….

I have contacted the above references about their willingness to provide a reference for me and confirmed the above information. I acknowledge that Better Things is under no obligation to accept me as a volunteer. I hereby give Better Things my consent to verify information with the above references regarding this application.

Signature: …………………………………………………………………………………

Date: ……………………………………………………………………………………….

Please identify your availability below

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Availability | Mon | Tue | Wed | Thus | Fri | Sat | Sun |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |