

Volunteer Application Form

Thank you for your interest in applying to volunteer with Little Sprouts Health and Wellbeing Charity.

Please return completed form to info@littlesprouts.org.uk If you have any questions please contact us on 07980 808920

Section 1: Personal Details

1. Name

2. Address

3. Telephone number	4. E-mail

5. Date of birth

6. Work
<p>Are you:</p> <p>Full-time employed [<input type="checkbox"/>] Part-time employed [<input type="checkbox"/>] Self-employed [<input type="checkbox"/>] Student [<input type="checkbox"/>]</p> <p>Primary carer [<input type="checkbox"/>] Retired [<input type="checkbox"/>] Long term sick/unable to work [<input type="checkbox"/>]</p> <p>Other:</p>

Section 2: Volunteering for Little Sprouts

8. Availability
How many hours are you available per week?
What days and times are you available?
Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: Sunday:
Which locations are you able to work from or travel to ?
Do you drive ?
Yes / No
Would you be prepared to use your car for deliveries /collections? (mileage will be paid 0.45p per mile)
Yes / No
Have you business use included in your car insurance?

Section 3: Referee & declarations

9. Please give the details of someone who is prepared to act as a referee on your behalf. Referee's must have known you for 12 months or more and can be work colleagues or college tutors but not friends or relatives. We will write to them as part of the volunteer recruitment process.

Name of referee:	
Address:	
Tel:	
E-mail:	
Relationship to you:	

10. Volunteering with Little Sprouts may involve contact with vulnerable. Dependant on the role volunteers may be subject to a check by the Criminal Records Bureau. To the best of my knowledge and belief, the information given above is correct. I understand that if I am offered and take up a voluntary position with Little Sprouts Health and Wellbeing and this information is inaccurate, I am liable for dismissal.

Signature: _____ **Date:** _____

11. Declaration

I declare that to the best of my knowledge the information given in this application form is true and complete. I give permission for my details to be held securely according to the Data Protection Act.

Signature _____ **Date:** _____