****

**VOLUNTEER APPLICATION FORM**

**Personal Details**

|  |  |
| --- | --- |
| Name: |  |
| Address: | Postcode: |
| Phone: | Home:  Mobile: |
| Email address: |  |
| Emergency contact: |  |

**What volunteer roles are you interested in:**

|  |  |  |  |
| --- | --- | --- | --- |
| Trustee |  | Tech sound |  |
| Administration |  | Tech lights |  |
| Duty Manager |  | General maintenance |  |
| Front of House |  | Publicity/Marketing |  |
| Bar |  | Not sure yet |  |
| Other – please specify |  | | |

**Please tell us about any work, volunteering, personal experience or skills that you have that are relevant to the role you are interested in:**

|  |
| --- |
|  |

**Availability – at what times are you interested in volunteering – please tick as many as you like:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Evening |  |  |  |  |  |  |  |

**Do you have any particular needs or health issues that we should be aware of so as to best support your volunteering with us:**

|  |
| --- |
|  |

**Under the Rehabilitation of Offenders Act 1974 do you have any unspent criminal convictions?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Having a conviction will not necessarily stop you from volunteering but it will need to be taken into consideration when assessing your suitability.

For some roles we reserve the right to request a Disclosure and Barring Service (DBS) check before volunteering begins.

**References**

To complete your application we need you to supply us with two people who know you well enough to comment on your suitability for this role. They should not be family members.

Reference 1

|  |  |
| --- | --- |
| Name: |  |
| Address: | Postcode: |
| Phone: | Home:  Mobile: |
| Email address: |  |
| How does this person know you? |  |

Reference 2

|  |  |
| --- | --- |
| Name: |  |
| Address: | Postcode: |
| Phone: | Home:  Mobile: |
| Email address: |  |
| How does this person know you? |  |

I certify that to the best of my knowledge the information given on this form is correct.

Signed: …………………………………………………………….

Date: ……………………………………………………………….

**How did you hear about us:**

|  |  |  |  |
| --- | --- | --- | --- |
| Friend or family |  | Word of mouth |  |
| Our website |  | Social media |  |
| Our leaflet/poster |  | Other – please specify |  |

Thank you for taking the time to complete this form. Please return to: The Milton Rooms, Market Place, Malton, YO17 7LX or email to [info@themiltonrooms.com](mailto:info@themiltonrooms.com)

For office use only:

Date added to email distribution list:

Date added to Master Volunteer list: