

VOLUNTEER APPLICATION
P.E.O.P.L.E.
REGISTERED CHARITY NUMBER 1095676

SURNAME:	
FIRST NAMES:	
HOME ADDRESS:	
POSTCODE:	
HOME TEL No:	
MOBILE TEL No:	
WORK TEL No:	
DATE OF BIRTH:	
NATIONALITY:	
COUNTRY OF BIRTH:	
MARITAL STATUS:	

DAYS AVAILABLE TO WORK (*Please specify Morning / Afternoon or All Day*)
Morning: 9:30am – 1:00pm Afternoon: 1:00pm – 4:00pm All Day: 9:30am – 4:00pm

	MON		TUE		WED		THU		FRI	
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Please note, a positive response to the following questions does not preclude you from volunteer work with P.E.O.P.L.E. as we stand by our equal opportunities policy

Have you obtained/used Class A substances within the last 5 years YES NO
 If Yes, how long ago? (Years/Months) _____

Do you have any unspent convictions? YES NO
 If Yes please give details

Have you had any serious illness, operation/s or disability in the last 10 years YES NO
 If yes please give details, and comment on how this may impact on your volunteer work

Do you have a current driving licence YES NO

Do you have your own transport CAR MOTORCYCLE

Any information that you may think would be of interest (*please continue on a separate sheet of paper if appropriate include previous voluntary work*)

Please indicate which area you would prefer to work in:

Charity Shops

iTea

Music Project

Furniture Restoration

Please give a brief explanation of why you would like to work in this area

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Employment History – Most Recent First

Employers Name & Address	From	To	Position Held

References

Name:	Name:
Occupation:	Occupation:
Address:	Address:
Tel No:	Tel No:
Relationship:	Relationship:

DECLARATION:
 I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false information may result in rejection as a P.E.O.P.L.E. volunteer.

Signed: **Date:**

Please return completed application form to The Directors, P.E.O.P.L.E. Limited, 55a High Street, Midsomer Norton, North East Somerset, BA3 2DQ. Telephone 01761 402687