



Volunteer Application Form



Tell us who you are and how we can get in touch with you

Full name	<input type="text"/>	
Address (including Postcode)	<input type="text"/>	
Telephone (Including STD Code)	<input type="text"/>	Mobile <input type="text"/>
Email address	<input type="text"/>	

Use this section to tell us about your skills and interests

Your availability (Please tick as appropriate)	Mon am pm	Tues am pm	Weds am pm	Thurs am pm	Fri am pm	Sat am pm	Sun am pm	Totally flexible
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>						

Tell us about any volunteering experience or any previous employment you have.

Are you applying for a specific vacancy or do you have specialist skills, interests or hobbies that you would like to use when volunteering for the Town Council?

Are there any particular skills you would like to develop by volunteering with us?



Equal Opportunities

A) Skipton Town Council welcomes volunteer applicants for the skills they bring. We aim to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any disabilities or health issues (eg bad back).

Please note: if you are applying for a post involving work out of doors you will need to ensure that your tetanus immunisation is up to date. You are also advised to acquaint yourself with the health risks associated with working out of doors (particularly leptospirosis and lyme disease) and to read up on how these risks can be minimised.

Please tick this box to confirm that you have done this.

B) Under the rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions?

Yes No

If you have ticked yes, summarise details below. Having a conviction will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability.

C) What age group do you fall into? For insurance purposes you must be at least 16 years of age to volunteer with the Town Council: 16yrs 17yrs 18yrs and over



Who can we contact as referees?

This can be your previous manager, a support/care worker, landlord, tutor or a local Councillor.

1) Name	<input type="text"/>	2) Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Tel No.	<input type="text"/>	Tel No.	<input type="text"/>
Email address	<input type="text"/>	Email address	<input type="text"/>
How do you know this person?	<input type="text"/>	How do you know this person?	<input type="text"/>

Who can we contact in case of an emergency?

Name

Tel No Mobile No.

Relationship to individual

Your details will be kept in accordance with the Data Protection Act 1998/2003. They will be held securely and confidentially. They will be accessed by authorised management.

I declare the information I have provided is true.

Signed Date

For office use only

Volunteer's start date Date H&S training complete References collected

Risk assessment completed (if sections A and/or C 16 or 17 are ticked yes a risk assessment is required)

Parental consent given for under 18 CRB Check completed Additional notes: