**VOLUNTEER APPLICATION FORM**

**PERSONAL DETAILS**

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| --- |
| Name: Title: |
| Address: |
| Home telephone number: |
| Mobile telephone number: |
| E-mail: |
| Current driving license? |

**Training and Education**

Please list any training courses and any qualifications gained (if applicable), for example Health and Safety Training.

|  |  |
| --- | --- |
| **Title of course and dates attended** | **Qualification gained (if applicable)** |
|  |  |

**EMPLOYMENT**

Please provide details of all jobs held including unpaid or voluntary work, starting with your current or most recent employer.

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| --- | --- |
| Name and address of your current employer: | |
| Job Title (please describe your responsibilities): | |
| When did you join? |  |

**Previous employment**

Please list all the positions you have held, beginning with the most recent. Use a continuation sheet if necessary.

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| --- | --- | --- | --- |
| **Employers name and address** | **Job Title** | **Dates** | **Reason for leaving** |
|  |  |  |  |

**GENERAL INFORMATION**

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| What interests you about the work of The Magdalene Group? |
| Why do you want to become a volunteer at The Magdalene Group? |
| Which of the following would you like to be involved in? Please tick all that apply. |
| □ Doorway Street outreach team (Thurs/Fri evening)  □ Doorway Inreach  □ Doorway Netreach (online) (flexible)  □ Doorway Drop-in   * Drop-in resource around social isolation- open Mon & Wed 1-3pm * Craft activities/ lunch * Support- info/advice/guidance * IT support   □ Doorway Prison Visits   * Visiting HMP Peterborough   □ Jigsaw/ Young People’s Work   * Schools work * Education Programmes * Creative courses |
| How much time do you think you could offer and what time of day is convenient for you? |

**REFERENCES**

One of these should be your current/previous employer. Alternatively if you are already involved with voluntary organization please include details.

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| **Reference 1** |
| Name: |
| Address: |
| Telephone Number: |
| E-mail: |
| Relationship to you: |
| **Reference 2** |
| Name: |
| Address: |
| Telephone number: |
| E-mail: |
| Relationship to you: |

I understand that the appointment, if offered, would be subject to the information given on this form being true.

I also understand that it will be subject to a Disclosure Barring Service check for offences against children and vulnerable adults, for which I give my consent.

I give consent for the retention and use - by The Magdalene Group, for the purpose of their work - of any of my relevant data, including sensitive information.

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| --- | --- |
| Signature: | Date: |