

## Sundowns Volunteer Application Form

### Contact Details

Name:

Gender:

Date of birth:

Address:

Postcode:

Telephone Contact Number:

Mobile Number (if you have one):

Email (if you have one):

### When are you available? (please tick/highlight)

Mon	Tues	Weds	Thurs	Fri	Sat	Sun
am pm						
<input type="checkbox"/> <input type="checkbox"/>						

### How regularly would you like to volunteer? (please state)

.....

Ideally, we would like volunteers to stay with us for around three months or more (though can be flexible about this). How long do you think you would be able to volunteer with us?

0-3 months	3 – 6 months	6 – 12 months	Longer than 12 months	Not sure
<input type="checkbox"/>				

### What areas would you be interested in volunteering in?

**About You**

**Why would you like to volunteer with the DSA?**

**Are you applying for a particular role?**

Yes (please state which one): .....

I am open to a range of opportunities

**What previous volunteering experience do you have? Tell us what your role was/roles were, and what was involved.**

**Tell us about what any other experiences/skills that you have that would help you as a volunteer.**

**Equal Opportunities**

**We welcome volunteers of all backgrounds, beliefs and abilities. Please tell us any adjustments we should make to support you as a volunteer and accommodate any health issues, disabilities, etc.**

**Under the rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions? This may not mean you cannot volunteer with us, but we need to know this so we can decide whether the role is suitable for you.**

Yes       No

## **References**

**Please give us references from two people who know you well (they cannot be relatives):**

### **Reference 1**

Name:

Address:

Postcode:

Email:

Contact Telephone Number:

How do you know this person?:

### **Reference 2**

Name:

Address:

Postcode:

Email:

Contact Telephone Number:

How do you know this person?:

**Please sign your name and the date you filled in this application form (if you are sending this form electronically, please type your name).**

**Signature:**

**Date:**