

Volunteer Application Form

Please complete all questions in full using block capitals.

Personal Details

Title:	First Names:	Surname:		
Address:				
Date of Bi	rth			
Telephone	e Number:	Mobile:		
Email:				
NB: Pleas	e detail any restrictions on day	time calls or email	contact	
Emergend	cy contact name:			
Relations	hip:			
Tel No:		Mobile:		
Do you drive	? Yes No]		
Application	n Information			
Which areas	of volunteering with JHT are you	most interested in?		
Are there an	y areas you wish to avoid?	Yes	No □	
If yes, please	e give details:			_
Availability What days, t	r imes and how often are you able	to volunteer with us?		
Would you b	e available on an ad hoc basis if	required?	Yes □ No □	

Why would you like to volunteer	for JHT?
What do you hope to gain from v	olunteering with JHT?
-	erience do you have which might be applied to this
voluntary position?	
require special attention, so that we	Please give us details of any medical condition that might e can take all reasonable care to ensure your safety whilst nation will allow us to act quickly and properly in case of an
eferences	
ease give the name and address of	two referees. each referee for over 12 months and they should not be a relative
	s, at least one reference should be obtained from your last employ Second Referee
Name:	Name:
Position:	Position:
Address:	Address:
Email:	Email:
Telephone:	Telephone:
Relationship to you:	Relationship to you:

Please note if individuals need a work permit visa or a student visa to volunteer, they cannot do any type of work, including voluntary work, on a visiting visa.

Data Protection

In accordance with the Data Protection Act 2018 (GDPR), I agree that JHT may hold and use personal information about me for volunteering reasons and to keep in touch with me. This information, including that contained in this application can be stored on both manual and computer files.

Declarations

Rehabilitation of	of	offenders	Act	1974
-------------------	----	-----------	-----	------

The Rehabilitation of Offenders' Act 1974 allows people who have been convicted	d of certain criminal offences			
to regard their convictions as 'spent' after a period of years.				
Do you have any Criminal Convictions you need to Disclose?	☐ Yes ☐ No			

A past conviction will not neces	ssarily prevent you from volunteering.	Lies Lino
If Yes, please give details:		
	n this form is correct. I understand that some on the confidentiality and I agree to maintain confidentiality a	•
Signature:	Date:	
Disclosure & Barring Serv JHT may carry out a Disclosure applicants.	rice re & Barring Service (DBS) check on successf	[;] ul
Do you hold a current DBS cer Update service?	rtificate and are you registered with the DBS	□ Yes □ No
Do you give your consent for J DBS Update Service	IHT to carry out a status check using the	□ Yes □ No
I understand that I do not have consideration from certain volun	e to agree to this records check, but that my nteering positions.	refusal may exclude me from
Signature:	Date:	

Please send completed form to: Fundraising Team, James Hopkins Trust, Kites Corner North Upton Lane, Barnwood GLOUCESTER GL4 3TR