



VOLUNTEER APPLICATION

Mr. Mrs. Miss Ms. (circle one)

First name.....

Surname.....

Salutation (Dr. Rev etc).....

Address.....

Address.....

Address (Town).....

Address (County).....

Postcode.....

Telephone number.....

Email.....

Next of Kin:

Next of Kin's Telephone Numb:

How did you hear about the scheme?

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.....

Please give brief details of any previous voluntary work experience.

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.....
.....

Please tick each box when you could be available as a volunteer.

	TUES	WEDS	THURS	FRI	SAT
AM					
PM					

ENHANCED DISCLOSURE FROM THE CRIMINAL RECORDS BUREAU.

All volunteers will be expected to have an enhanced disclosure from the Criminal Records Bureau and we are sure you will understand why we must request this.

REFERENCES: Please give names and addresses of 2 referees who have know you for at least 1 year and who are **not** related to you.

1. Name/Address	2. Name/Address
In what capacity is this person known to you?	In what capacity is this person known to you?

SIGNED:.....**DATE:**.....

Thank you for completing this form. The information will be kept confidential to Nine Lives Furniture and will not be disclosed to any person without your permission.

All volunteer positions are subject to satisfactory references and an ENHANCED CRB.

PLEASE CONTACT Manager Marie Frost to make an appointment to discuss volunteering opportunities 01923 718666 or marie@9livesfurniture.org.uk