



**Lonsdale
Community
Centre**



LOTTERY FUNDED

VOLUNTEER APPLICATION FORM

Name:

Address:

Postcode:

Telephone:

Mobile:

E-mail:

Emergency Contact Telephone Number:

EMPLOYMENT *(If you have a CV please attach it and leave this section blank)*

Please list any paid employment you may have had (including part-time employment), starting with your most recent employer

Employer	Post Held	From/To	Brief description of duties
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EDUCATION & TRAINING *(If you have a CV please attach it and leave this section blank)*

Please indicate any education and training you have undertaken, adding where appropriate any qualifications you have obtained.

VOLUNTARY WORK EXPERIENCE

Please list any unpaid work you may have done, starting with the most recent first.

Organisation	From/To	Brief description of duties
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Availability – Please indicate when you would be regularly available			Do you have any medical requirements, health conditions or disabilities which we need to be aware of?
Monday	AM	PM	
Tuesday	AM	PM	
Wednesday	AM	PM	
Thursday	AM	PM	
Friday	AM	PM	
Saturday	AM	PM	

When would you be able to start as a volunteer within the Lonsdale community centre?

Criminal Convictions

Have you ever been convicted of a criminal offence? Yes No

(You do not need to disclose any convictions which are considered spent under the Rehabilitation of Offenders Act 1974)

If yes please provide brief details of the criminal offence(s) including dates and sentences below:

(A prior criminal conviction will not automatically prevent you from volunteering with the Lonsdale community centre but failure to disclose this information or providing false or misleading information may result in dismissal)

REFERENCES

Please give the names and addresses of two referees, who are **not related to you** and who have consented to provide a reference on your behalf one of whom should be your most recent employer.

1) Name:	2) Name:
Position:	Position:
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:

DECLARATION

I hereby declare that to the best of my beliefs the particulars and information in this Application Form are correct.

Signature:

Date:

**Please return this form in an envelope marked "Confidential" to:
The Centre Manager, Lonsdale Community Centre,
8, Lonsdale Street, Anlaby Road, Hull, HU3 6PA**