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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Volunteer Application Form** | | | | | | | | | |
| Name | | |  | | | | | | |
| Postal Address | | |  | | | | | | |
| Email Address | | |  | | | Phone Number | |  | |
| Name of Emergency Contact | | |  | | | | | | |
| Email Address | | |  | | | Phone Number | |  | |
| **Personal Details** | | | | | | | | | |
| Date of Birth | | |  | | Age | |  | | |
| Do you have a current DBS certificate? | | | Yes/No | If so, date of issue? Type: Certificate # | | | | | |
| Do you have any physical/medical condition or allergy we should be aware of? | | | Yes/No | If yes, please describe: | | | | | |
| Please explain why you want to volunteer at the 999 Club, Crisis Café. | | |  |  | | | | | |
| Please list the skills you have, like IT skills, admin, workshop leader, etc | | |  |  | | | | | |
| Which role are you interested in? | | | Please highlight | Hospitality Volunteer or Activities Volunteer | | | | | |
| **References** | | | | | | | | | |
| **REFEREE 1** | | Name |  | | | | | | |
| Contact Details  (Email & Phone) | | |  | | | | | | |
| Relationship to Volunteer | | |  | | | | | | |
| **REFEREE 2** | | Name |  | | | | | | |
| Contact Details  (Email & Phone) | | |  | | | | | | |
| Relationship to Volunteer | | |  | | | | | | |
| **Availability (Please tick below the shifts you would like to volunteer for)** | | | | | | | | | |
|  | Crisis Café shifts: Monday – Friday: 18:00 – 23:00.  Saturday—Sunday and Bank Holidays: 12:00—18:00 or 18:00—23:00. | | | | | | | |  |
| Monday |  | | | | | | | |  |
| Tuesday |  | | | | | | | |  |
| Wednesday |  | | | | | | | |  |
| Thursday |  | | | | | | | |  |
| Friday |  | | | | | | | |  |
| Saturday |  | | | | | | | |  |
| Sunday |  | | | | | | | |  |