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| **Richmond AID Volunteer Application Form** |
| **Your name** |  |
| **Your contact details**  | Address:Phone numbers:Email:Other:  |
| **What role(s) are you interested in?** |  |
| **What skills & experience do you have?** | Please refer back to the skills and experience required in the role description and also highlight any other skills that you think are relevant |
| **Why would you like to volunteer with us?**  |  |
| **What interests or hobbies do you have?**  |  |
| **Availability**  | Please tick all times that you are free and how many hours you can volunteer

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|  | Mon | Tue | Wed | Thurs | Fri | Sat | Sun |
| am |  |  |  |  |  |  |  |
| pm |  |  |  |  |  |  |  |
| eve |  |  |  |  |  |  |  |

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| **Do you have a disability?**  |  Yes ❑ No ❑ If yes please describe your disability Would you need any reasonable adjustments to the office space to enable you to volunteer with us?  |
| **Reference** | Please give us the contact details of one person that we can contact as a referee for youName: Email address: Tel: Does this person know you are using them as a referee for this role? Yes ❑ No ❑  |
| **Any questions?**  |  |
| **Data Protection** | Information given by you on this form will be treated as confidential and protected in line with the Data Protection Act 2018. Please see our privacy notice on the Richmond AID website for further details: <http://www.richmondaid.org.uk/privacy-policy/> |
| **Date and Signature** | I confirm that the information given in this form is accurate. Signature: Date:  |
| **Thank you!**  | Thank you for taking the time for filling in this form. We will be in touch soon!  |