

VOLUNTEER APPLICATION FORM
LEAGUE OF FRIENDS

MR/MISS/MRS
 ADDRESS

 POSTCODE
 TEL. NO.
 DATE OF BIRTH

EMERGENCY CONTACT

NAME TEL NO
 RELATIONSHIP TO YOU

AREA OF VOLUNTEERING THAT YOU WOULD BE INTERESTED IN:- (Please underline the areas that you would prefer)

COFFEE SHOP/FLOWER ARRANGING

PLEASE SUPPLY BELOW THE NAMES & ADDRESSES OF 2 PEOPLE WHO ARE NOT RELATED TO YOU BUT HAVE KNOWN YOU FOR A MINIMUM OF 2 YEARS, AND WHO CAN BE APPROACHED FOR REFERENCES

1. 2.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE?
 YES/NO.....

OFFICE USE ONLY

DATE REFS APPLIED FOR
 DATE REFS RETURNED
 DATE ENTERED ON DATABASE

DATE I.D. CARD DONE
 DATE CAR PARKING PASS/
 CARD DONE