

**PSPA Volunteer Application Form**

|  |  |
| --- | --- |
| Volunteer role applied for |  |
| Where did you hear about this opportunity |  |
| Date of your application |  |

**Your name, address and how we can contact you:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:**  | **Mr** |  | **Mrs** |  | **Miss** |  | **Other** |  |

|  |  |
| --- | --- |
| **First Name** |  |
| **Last Name** |  |
| **Preferred Name**(if different) |  |
| **Date of Birth** |  |
| **Address:****(Including postcode)** |  |
| **Home Tel** |  |
| **Mobile** |  |
| **Work Tel** |  |
| **Email Address** |  |
| **How would you prefer to be contacted and when is the best time?** |

**Confidential Information**

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| --- |
| **What is your employment status?** |
| **Full Time** |  | **Student** |  | **Part time** |  |
| **Retired** |  | **Self Employed** |  | **Not working** |  |

**Could you please indicate when are you *most likely* to be available to volunteer?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| **am** |  |  |  |  |  |  |  |
| **pm** |  |  |  |  |  |  |  |
| **eve** |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have a full driving licence?** | **Yes** |  | **No** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If yes, do you have use of a vehicle?** | **Yes** |  | **No** |  |

**Previous experience**

|  |
| --- |
| Please give details of any paid or voluntary work, professional training or personal experienced you have which may help you in your volunteering role |

|  |
| --- |
| How will you be able to use these skills in your volunteering role? |

**Please note that due to the potentially emotional nature of some of our support roles, we may be unable to consider anyone who has had a significant bereavement in the last two years.**

**References**

Please provide details of two people who have know you for at least two years and are willing to provide a reference for you. These must not include family members.

|  |  |  |
| --- | --- | --- |
|  | Reference one | Reference two |
| Name |  |  |
| Address |  |  |
| Telephone number |  |  |
| Email address |  |  |

**Declaration**

I confirm that the information I have provided on this form is correct.

|  |  |
| --- | --- |
| Signed |  |
| Print name |  |
| Date |  |

Please return your completed application form to:

**Volunteering Team**

PSPA

Margaret Powell House,

415a Midsummer Boulevard

Milton Keynes

MK9 3BN

**Tel:** 01327 322410

**Email: volunteering@pspassociation.org.uk**