Volunteer Application Form

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| --- | --- | --- | --- |
| Your Name |  | Email |  |
| Address |  | Postcode |  |
| Telephone |  | Role of interest |  |
| Where did you learn about volunteering for NRCH? |
| What is your COVID-19 Vaccination Status? If successful can you provide a digital vaccination certificate? |

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| --- | --- |
| Why would you like to volunteer for NRCH? What do you hope to gain/achieve? |  |
| What relevant skills/experience and attributes would you bring? |  |
| Languages spoken other than English |  |
| Your interests and talents |  |
| Qualifications |  |
| Experience |  |
| Do you have any health conditions/pre-existing injuries that will be impacted by volunteering?  | If yes, please provide details and how we can assist you to keep safe and well. |
| Please provide any other details to support your application. |  |

Please submit a resume if you wish, but this is not essential.

Availability and commitment

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| --- | --- |
| Can you commit to a regular weekly or fortnightly shift? | l |
| Would you like to be contacted for ad hoc roles, eg helping at events, or one-off support activities? |  |
| Can you commit to 12 months of volunteering? |  |

Additional Information

|  |  |
| --- | --- |
| Name of Referee # 1 | Phone:Email: |
| Name of Referee # 2 | Phone:Email: |
| Name for Emergency Contact personRelationship to you: | ContactMobile:Home:Work: |

I understand that I am applying to volunteer for NRCH and that there is no guarantee that this will lead to paid employment.

Signature:

Date: