



quo vadis trust

Volunteer Application Form

Full Name	
Address	
Postcode	
Telephone	
Email	

Volunteer Role Applied for	
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Please tick relevant boxes to indicate your availability

MON		TUE		WED		THUR		FRI		SAT		SUN	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Please tell us how your skills meet the role description

Please tell us why you would like to volunteer and what you hope to gain from this experience

How long do you plan to volunteer with us? Please tick:

3-6 MONTHS		6-12 MONTHS		MORE THAN A YEAR	
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Do you have any physical or support needs?	Yes		No	
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If yes, please detail below

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Do you have a current DBS certificate?	Yes		No	
Are you registered on the online update service?	Yes		No	
If yes, please provide the DBS Reference number				

Professional Reference 1

Name	
Organisation	
Address	
Contact Number	
Email	
In what capacity do you know this person?	

Character Reference 2 (This can also be a second professional)

Name	
Organisation	
Address	
Contact Number	
Email	
In what capacity do you know this person?	

Consent from candidate to request references

Data Controller: Quo Vadis Trust

In order to comply with data protection laws, we need your consent when obtaining references about you. Please indicate below whether or not you give such consent to our contacting the referees you have indicated in your application form.

We will use the information when making decisions about your suitability for the role you have applied for. You may withdraw your consent at any time by contacting HR.

I give my permission for the persons detailed above to be contacted for references.

Signed :Date:.....



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