



The Court House, Broadway, Town Square, Bracknell, RG12 1AE

[www.promiseinclusion.org](http://www.promiseinclusion.org)

[admin@promiseinclusion.org](mailto:admin@promiseinclusion.org)

0300 777 8539

Chair of Trustees: Jill Ward

Chief Executive: Mary Durman

## VOLUNTARY WORK APPLICATION FORM

Please complete all sections of this form and return it to the above address.

### ABOUT THE ROLE

What kind of volunteer work would you like to do? (Please tick or give additional information)

Trustee		Helper at Adult Club		Fundraiser	
Office Administration		Helper at Children's Club		Other	

If Other, please state the kind of volunteer work you would like to undertake:

### YOUR DETAILS

Title: (Mr/Mrs/Ms/Miss/Dr/Other)

Full Name:

Home Address including Postcode:

Telephone Number (Landline):

Mobile Telephone Number:

Email Address:

Date of Birth:



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**YOUR EXPERIENCE**

Please give details of your current and previous employment:

Company Name	Company Address	Date From	Date To	Role

Please give details of any relevant qualifications or training attended, and experience including voluntary and informal experiences:

Date	Qualification / Training / Experience

Please say why you want to volunteer for Promise Inclusion and why you think you would be suitable:

Please indicate when you are available for volunteer work:

Evenings		Weekends		Office Hours		Other	
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## REFERENCES

Please give the names, addresses and telephone numbers of two referees.

These should be people who are not related to you, and one of them should know you in connection with work (paid or voluntary).

### FIRST REFEREE

Full Name:

Address:

Telephone Number:

Relationship to you:

### SECOND REFEREE

Full Name:

Address:

Telephone Number:

Relationship to you:

## REHABILITATION OF OFFENDERS ACT 1974

**You are advised that you are not entitled to withhold information about convictions which are regarded as 'spent' under the Rehabilitation of Offenders Act 1974. This is because the nature of the work involved in the appointment renders the post exempt from Section 4 (2) of the Act by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Any information you may give will be strictly confidential.**

Have you ever been convicted of a criminal offence?

YES / NO

If yes, please write details of all convictions and cautions (Including 'spent' convictions) on a separate sheet and attach it to this form.

**All volunteers will be subject to references and enhanced DBS checks.**

SIGNED

PRINT NAME

DATE