

# Volunteer Application Form



a special place for learning

Surname \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone number (day) \_\_\_\_\_

Mobile telephone number \_\_\_\_\_

Email address: \_\_\_\_\_

## Volunteering

This information will help us match you to the right volunteering opportunity.

Why do you want to volunteer at the Holly Lodge Centre? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When could you start? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long might you be available to volunteer at the Holly Lodge Centre? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How often can you volunteer? \_\_\_\_\_

\_\_\_\_\_

We welcome volunteers for as much or a little time as they have available to give? For example 1-2 times a month, once a week, 2-3 times a week or whatever you can offer. Please indicate how often you think you would be able to volunteer

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**Which days you would be available to volunteer? (Please tick)**

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

## Qualifications and Skills

Please state what relevant qualifications or skills you have.

## Experience

What previous relevant work experience, paid or voluntary, have you had? \_\_\_\_\_

\_\_\_\_\_

## Employment History

Please give details of your past employment. If there is insufficient space please attach information to this form. \_\_\_\_\_

\_\_\_\_\_

## Medical Conditions/Special requirements

Do you have any medical conditions or special requirements that we should be aware of? (for example allergies, heart conditions, epilepsy etc which might affect the type of work you do or the First Aid you might require). If so please state. \_\_\_\_\_

\_\_\_\_\_

## Referees

(who have known you for the last two years)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (day) \_\_\_\_\_

How do they know you? \_\_\_\_\_

\_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number (day) \_\_\_\_\_

How do they know you? \_\_\_\_\_

I can confirm that to the best of my knowledge the information I have given is correct and I agree to the Royal Parks Agency carrying out a Disclosure check with the Criminal Records Bureau if the tasks I will undertake will involve access to young or other vulnerable people.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return your completed application form to:  
Anna King, Holly Lodge Centre, Holly Lodge, Richmond Park, Surrey, TW10 5HS  
Tel: 020 8940 8730, e-mail address: [aking@thehollylodgecentre.org.uk](mailto:aking@thehollylodgecentre.org.uk)