

Volunteer Application Form

1. PERSONAL DETAILS

Full Name			
Address (inc. postcode)			
Telephone	Home		
	Mobile		
E-mail address			
Date of Birth			
Gender		Ethnicity	

2. ABOUT YOU

Please give a brief explanation of why you would like to join our team at Shakespeare's Schoolroom & Guildhall

Skills and Experience

Please give a brief description of any relevant experience, or skills that you may have e.g. dealing with the public, living history, animal care, languages etc

Hobbies and Interests

Please give a brief description of any hobbies and interests

Health or Disability details

Please tick as appropriate

HEALTH	
My health is good	
My health is good, but I have the following ongoing condition	
My health is good but I will need the following special arrangements in order to volunteer	
Please specify ongoing condition or special arrangements if needed:	
DISABILITY	
I have no physical or mental impairments	
I have a physical or mental impairment, but this does not have an effect on my ability to carry out day-to-day activities	
I have a physical or mental impairment, which has a substantial and long-term effect on my ability to carry out day-to-day activities	
Please specify physical or mental impairment:	

3. REFEREES

Please give details of two referees below. These should be people who know you well e.g. an employer, tutor, volunteering supervisor.

If possible, referees should not be family members or friends.

Name:	Name:
Address (including postcode)	Address (including postcode)
Tel.no.	Tel no.
Email address	Email address
In what capacity known?	In what capacity known?

I confirm that I give Shakespeare's Schoolroom & Guildhall permission to contact the referees named above in order to obtain references. Please tick or highlight the appropriate answer.

Yes No

4. CONVICTIONS

As a volunteer for Shakespeare's Schoolroom & Guildhall, you will meet people of various ages, faiths and backgrounds; therefore we would ask you to disclose whether you have any criminal convictions (other than those that are spent under the terms of the Rehabilitation of Offenders Act 1974)? Please tick or highlight your answer.

Yes No

If yes, please give details of all offences, penalties and dates:

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Please note: disclosure of an offence will not affect your application unless relevant to the role applied for, in which case each application will be considered on its individual merit. However, deliberate omission to make such a disclosure will void your application.

5. EMERGENCY CONTACT DETAILS

Name of Emergency Contact		
Address of Emergency Contact (if different to above)		
Tel No. of Emergency Contact	Mob	Home
Relationship (e.g. parent, partner etc)		

6. PERMISSION TO CONTACT YOU

I would like to receive a copy of Shakespeare's Schoolroom & Guildhall's newsletters via email
Yes No

I would like to receive other information about Shakespeare's Schoolroom & Guildhall via email
Yes No

7. HOW DID YOU FIND OUT ABOUT OUR VOLUNTEERING OPPORTUNITIES? (Newspaper advert, newspaper/radio article, website etc.)

8. DECLARATION

I declare that the information given in this application is true to the best of my knowledge. I consent to Shakespeare's Schoolroom & Guildhall processing and storing the data supplied in this application for the purpose of recruitment and selection.

Signature: _____ Date: _____

Please note: all information provided will be stored in accordance with the Data Protection Act

**Please return to: Sheba Sergeant, Shakespeare's Schoolroom & Guildhall,
c/o King Edward VI School, Chapel Lane, Stratford-upon-Avon, Warwickshire CV37 6BE
T. 01789 203172
E: ss@kes.net**