|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name |  | | | Family name | |  | | | | | |
| Address |  | | | | | Postcode | | | |  | |
| Email |  | | | Contact phone number | | | |  | | | |
| How did you find out about DHIVERSE? | | |  | | | | | | | | |
| Do you have a current DBS disclosure? | | |  | | Do you have your own transport? | | | |  | | |
| Please say which volunteering role you’re interested in: | | | | | | | | | | | |
| What is your main reason for wanting to volunteer and what skills do you have that match the role you are applying for and what skills would you like the opportunity to gain during your time at Dhiverse? | | | | | | | | | | | |
| Name & contact number for next of kin: | | | | | | | | | | | |
| **Please give the names, addresses and contact details of two people (not relatives) whom we may approach for references if we have a volunteering role to suit you. Please say what relationship you have with each referee.** | | | | | | | | | | | |
| First referee: | | | | | | | | | | | |
| Second referee: | | | | | | | | | | | |
| We take confidentiality and data protection very seriously and you can view our Information Governance policy on our website. Are you happy for these details to be held confidentially on file for the period you volunteer for Dhiverse? **Yes/No** | | | | | | | | | | | |
| Signature of applicant | |  | | | | | Date of application | | | |  |

**VOLUNTEER APPLICATION FORM**