

Volunteer Application Form

Name: _____

Address: _____

Telephone: _____ Mobile: _____

E-mail: _____ Date of Birth: _____

What has attracted you to the idea of volunteering with the Lantern Community?

Do you have skills, interests or experience that you would like to use at the Lantern Community?

Are there any skills or interests that you would like to develop at the Lantern Community?

Do you have any acquaintance or experience of adults with a learning disability?

Any amount of time that you give to support us is valuable, be it an intermittent or regular commitment. We would welcome the opportunity to discuss and tailor your volunteering on a mutual basis. I can offer my time:

At one off events	<input type="checkbox"/>	Every week	<input type="checkbox"/>
Every month	<input type="checkbox"/>	Negotiable	<input type="checkbox"/>

We are required by law to apply for a criminal records check with the Criminal Records Bureau. Consideration of your volunteering role will be subject to a satisfactory reply before the appointment is confirmed.

In accordance with the Data Protection Act 1998, I agree that the Lantern Community may hold and use personal information about me for volunteering reasons. This information, including that contained in this application can be stored on both manual and computer files.

I confirm that the information on this form is correct. I understand that some of the tasks involved in my role may be of a sensitive nature and I agree to maintain confidentiality at all times.

Signature: _____

Date: _____

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Reference Request

Please give details of two referees that we may contact. They should not be a relative, but have known you for over 12 months.

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Relationship to you: _____

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Relationship to you: _____