Durrington Community Cycle Project

VOLUNTEER INFORMATION FORM

Please complete all sections of this form in black ink or type, as it will be photocopied. If you feel you need advice about how to complete the form, please let us know.

Personal Details		
First name:	Known as:	
Surname:		
Title:		
□ Address:		
Post code:	@ Email address:	
□Telephone:	Daytime:	Evening:
	Mobile:	

Your Availability
(Please tick as appropriate)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Flexible
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
□ □	□ □	□ □	□ □	□ □	□ □	□ □	□

Relevant Skills

Do you hold a full, clean current driving licence?

□ Yes □ No

References
Please give the names, email and postal addresses of two referees who can provide references for you **Please can you provide an email address as we send emails where possible to speed up the process**

Reference 1:	
Mr/Mrs/Miss/Ms/Dr/etc:	First Name:
Surname:	
□ Address: Postcode:	
@ Email:	
□ Telephone number:	

Reference 2:	
Mr/Mrs/Miss/Ms/Dr/etc:	First Name:
Surname:	
□ Address: Postcode:	
@ Email:	
□ Telephone number:	

Emergency Contact	
Name	Telephone
Mobile	Relationship

Additional Information

In order that we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details below of any medical factors or disabilities:

Criminal Convictions

Depending on the role, some volunteers may require a Disclosure Barring Service (DBS) check. Should this be the case, we will need to see a copy of your disclosure before your volunteering commences.

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198. You cannot withhold information about convictions which may for other purposes be regarded as 'spent'.

Please answer the following question: **Have you ever been convicted of a criminal offence, been the recipient of a police caution, or been the subject of a conditional discharge or probation order?**

Please tick as appropriate: **YES** ☐ **NO** ☐

If **YES**, please give details and dates:

Signed: Date:

Declaration

By signing and returning this application form, I consent to Durrington Community Cycle Project, keeping, using and relating to my application in line with the requirements of the Data Protection Act 1998. I understand that this application form will become part of my personal file. The information will be held securely and confidentially and will only be accessed by authorised individuals.

I have checked the information I have given, and declare that to the best of my knowledge the information given in this form and any other accompanying documents is true. I understand that should any of the information I have given prove to be incorrect or inaccurate, this may affect any future involvement with Durrington Community Cycle project.

Signed: Date:

Please return completed form to the Durrington Community Cycle Project