All information given on this form will be treated as confidential

**Volunteer Name:**

**Volunteer Address (including Post Code):**

**Volunteer Home Telephone Number:**

**Volunteer Mobile Phone Number:**

**Volunteer Email Address:**

In the event of an accident please contact:

**Name:**

**Address:**

**Telephone Number:**

**Mobile Phone Number:**

**Volunteer Role** (please circle the role you would like to volunteer for):

Open Spaces Office Other – please specify

If volunteering for Open Spaces please indicate your preferred area of work

Any area within Ilminster Town Council’s responsibility

Burma Star Garden

Canal

Cemetery

Herne Hill

Any other area – please specify

**Please give the names and contact details of 2 people who are willing to give a reference about you.** (Please note Ilminster Town Council will request the references you do not need to provide them.)

**Referee 1**

Name

Job Title (if appropriate)

Address

Phone Number Email

Capacity in which giving your reference e.g. previous employer, manager, teacher, colleague,

**Referee 2**

Name

Job Title (if appropriate)

Address

Phone Number Email

Capacity in which giving your reference e.g. previous employer, manager, teacher, colleague

**Please give details of any unspent convictions** (if none please put N/A). Please note, a criminal conviction will not necessarily prevent you becoming a volunteer. We work on the assumption that people applying for voluntary work do so in order to help others, to meet new people, to develop new skills, to make a difference, etc., and have no ulterior motive in seeking such work. With this in mind, we will wherever possible provide opportunities for people, and do so in ways that will not put you or our service users at risk.

DATE CONVICTION SANCTION

|  |
| --- |
| Please give details of any qualifications or experience that you have which is relevant to the volunteer role. (Please continue on a separate sheet if necessary) |

The information contained in this form will be treated as confidential but will be shared with the Volunteer’s supervisor if appropriate and shared with first aiders or blue light services in the case of an emergency

**Volunteer Name**

**Doctor’s Name**

**Doctors Surgery Name**

**Doctors Surgery Address**

**Doctors Surgery Telephone Number**

**If you have any health conditions please give details here:**

**If you take any regular medication please give details here:**

**If you need any medication administering in an emergency situation, for example an Epi Pen please give details here:**

**I declare that all the information given in this document is true to the best of my knowledge and belief:**

Signed Date