



Wiltshire Blind ASSOCIATION

Volunteer Application Form

PLEASE COMPLETE IN BLOCK CAPITALS

1. Personal details

Title _____

First Name _____

Last Name _____

Date of Birth _____

Address _____

Postcode _____

Home phone _____

Mobile No _____

E-mail address _____

2. Please tick all roles that interest you:

Helping with clubs / serving refreshments / helping with arts and crafts, general help

Store / Street collecting / Visiting / Reading / Driving / Office based work

Fundraising events / holding a coffee morning / dining in the dark / setting up and running a stall, helping with refreshments

Marketing / Publicity , Graphic / Web design / Media / Distributing and Collection of Pink Elephants

Other

3. Do you drive?

4. Please give details of any skills / experience / training you have which are relevant to the role you wish to undertake with WBA.

5. What prompted you to volunteer?

6. Do you belong to any other charitable organizations? Please use the space below to give details.

7. Do you consider yourself as having a disability? Please give details.

8. Do you have any medical conditions that may affect your voluntary role?

9. Have you ever been convicted of a criminal offence? Yes / No

If yes, please give details of the offence and sentence.

(Please note: Some WBA voluntary positions that involve direct work with vulnerable people are exempt from the Rehabilitation of Offenders Act 1974. Volunteers and their referees are therefore not entitled to withhold information about convictions. Volunteers will be subject to an enhanced CRB disclosure.)

10. Have you previously been subject to a CRB disclosure? Yes/No

Level? Normal / Enhanced Date? _____

11. Please give details of two people, not family members, who we can contact to provide a written reference.

Title _____

First Name _____

Last Name _____

Address _____

Postcode _____

Home phone _____

Mobile No _____

E-mail address _____

Capacity in which this person is known to you _____

Title _____

First Name _____

Last Name _____

Address _____

Postcode _____

Home phone _____

Mobile No _____

E-mail address _____

Capacity in which this person is known to you _____

12. Where did you find out about Volunteering for the Wiltshire Blind ?

Thank you for completing our volunteer application form. All details will be treated in confidence.

Signed _____ Date _____

**Please return this form in the Freepost Envelope with a passport photo to:
Volunteer Co-ordinator, WBA, St Lucy's, 1, Commercial Road, Devizes,
Wiltshire, SN10 1EH**