



South Normanton Business Centre
 34 - 40 High Street | South Normanton | Derbyshire | DE55 2BP
 T. 01773 510882 | E. info@snapdp.org.uk | W. www.snapdp.org.uk

VOLUNTEER APPLICATION FORM

Please return this form to: SNAP YOUTH. SPACE OWLS BUSINESS CENTRE. 34 HIGH STREET, SOUTH NORMANTON. DERBYSHIRE. DE55 2BP.

NAME	
ADDRESS	
POSTCODE	
HOME TELEPHONE NUMBER	
MOBILE NUMBER	
EMAIL	
DATE OF BIRTH	

WHEN ARE YOU AVAILABLE? PLEASE TICK ANY OF THE FOLLOWING BOXES						
	MON	TUES	WEDS	THURS	FRI	SAT
AFTERNOON						
EVENING						

WHAT AREAS OF WORK ARE YOU INTERESTED IN? PLEASE CIRCLE ANY OF THE FOLLOWING BOXES		
FUND RAISING	ART AND CRAFT ACTIVITIES	OUTDOOR SPORTS AND PHYSICAL EXERCISE
COOKING	ADMINISTRATION	BOARD AND COMPUTER GAMES
DANCE & DRAMA	TEAM GAMES	HELPING TO DEVELOP THE NEWSLETTER
QUIZZES AND PUZZLES	ISSUE BASED ACTIVITIES	OUTDOOR ADVENTURE AND TRIPS

Tell us about any volunteering experience or any relevant employment you have?

Do you have specialist skills, interests or hobbies that you would like to use when volunteering for us?

Are there any particular skills you would like to develop by volunteering with SNAP YOUTH?

Age UK Bury is committed to equal opportunities. So we can consider any appropriate adjustments to the volunteer environment, and better support you in your role, please give details below of any disabilities, health issues (e.g. a bad back) or support needs.

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In-line with policies and procedures, SNAP YOUTH reserve the right to request a Criminal Records Bureau Disclosure before volunteers take up position within the charity.

Reference checks are a standard part of our volunteer selection process. Please provide the name and contact details of two people who are not family members and who are willing to act as referees for your chosen voluntary work position. One reference should come from an employer, former employer or volunteer organiser. We will make reference checks either by post, telephone or email.

Referee 1	
NAME	
ADDRESS	
POSTCODE	
TELEPHONE	
EMAIL	
RELATIONSHIP TO YOURSELF	

Referee 2	
NAME	
ADDRESS	
POSTCODE	
TELEPHONE	
EMAIL	
RELATIONSHIP TO YOURSELF	

I declare that the information contained in this application is true and correct. I certify that to the best of my knowledge, the information given on this form is correct. I have omitted nothing that, to the best of my knowledge, might affect this application; and I acknowledge that misleading statements may be sufficient for cancelling any agreements made.

Signature:

Date:

APPLICATION RECEIVED BY (Staff member name): DATE: DBS CHECKED: REFERENCES CHECKED:
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