

❖ **VIEW CRAFT** ❖

Registered Charity No. 1110290

V isually
I mpaired
E astbourne
W ealden
C raft

Volunteer Application Form

STRICTLY PRIVATE AND CONFIDENTIAL

Please complete in black or blue ink

Surname (in capitals).....

First name(s) or given name(s).....

Preferred title.....

Full postal address (in capitals).....

.....

.....

Postcode.....

Telephone (include code/ext.no.) Home.....

Work..... Other(eg mobile).....

e-mail address.....

Date of birth.....

8. Please give the name, address and telephone number of someone we should contact in case of an emergency

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9. Do you have access to a car insured for your voluntary work? Yes / No

If YES, do you have a clean driving licence? Yes / No

If NO, please give details of dates(s) and offence(s)

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10. Have you any experience that you consider relevant to being a VIEW CRAFT volunteer? Please describe.

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11. References

Please supply details of two people who would be willing to provide VIEW CRAFT with a character reference for you. If possible, these should be people who have known you for at least one year, be over 18 and should not be related to you.

Name .

Address

Postcode.....

In what capacity do you know this person?

Name.....

Address.....

Postcode.....

In what capacity do you know this person?.....

I declare that the information on this application form is correct to the best of my knowledge.

Signed.....

Date.....

Please return the completed form to:

**Sally Wallis
Quernmore,
Cowbeech,
Hailsham
East Sussex
BN27 4JL**

Tel: 01323 833293