

# VOLUNTEER APPLICATION



**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_  
Street Address Apt/Suite  
 \_\_\_\_\_  
City State Zip Code

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Why are you interested in volunteering at Britten Farms :**

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**Which Area of Work are you interested in: (please circle all that apply)**

Fundraising    Farm Helper    Working The Horses    Training Horses

**Which days and time of the week would be most convenient for you?**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 9-1							
Afternoon 1-5							
Evening 5-8							

**PREVIOUS VOLUNTEER**

**Volunteer 1:** \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_  
City State Zip Code

**Responsibilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason For Leaving:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer 2:** \_\_\_\_\_  
Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_  
City State Zip Code

**Responsibilities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason For Leaving:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## About You

Can you give us some information about employment, voluntary experiences, qualifications or training that you consider relevant to volunteering at Britten Farms

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Do you have any particular skills you can bring to Britten Farms

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What are your main hobbies and interests?

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Do you have a current driving license and the use of a car?  YES  NO\*

Are you able to help at external fundraising events such as bag packing, bucket collections, summers fairs and ball etc?  YES  NO\*

Do you have any special requirements/health issues that may need specific provision or may restrict the type of volunteering you do?

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## REFERENCES

**Please give the name, addresses, telephone numbers and email addresses of two referees. Please note that they cannot be related to you and should have known you for at least two years**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Company: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Company: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Company: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### REHABILITATION OF OFFENDERS ACT 1974

**Have you any criminal convictions?**  YES  NO\*

**If yes please give details:**

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**Volunteers are not entitled to withhold information about criminal convictions however long ago these occurred. Any information will be completely confidential and will be considered only in relation to positions covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Failure to disclose such convictions could result in dismissal or disciplinary action.**

**Some volunteer opportunities may be subject to an Enhanced Criminal Records Bureau disclosure.**

**I CONFIRM THAT I HAVE READ AND UNDERSTOOD THE ABOVE**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DATA PROTECTION

If your application is unsuccessful or you choose not to accept any offer of volunteering we make, the information will not be held for longer than is necessary, after which time it will be destroyed, although relevant information will be retained in the longer term to facilitate equal opportunity monitoring. If your application is successful, the information will form part of your volunteer file and we will be entitled to process it for all purposes in connection with your volunteering.

## DECLARATION

To the best of my knowledge, the information I have given in support of my application is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_