

**Volunteer Application Form**

|  |  |
| --- | --- |
| Full Name |  |
| Current Address |  |
| Town / City |  |
| Post Code |  | Are you M / F |
| Contact No |  |
| email address |  |
| Date of Birth |  |
|  |  |
| Do you have a DBS Certificate (if yes, please attach a copy) Y / N \*\* |
| Do you have a Criminal Record or convictions pending ? Y / N  |
| Are you a qualified First Aider (if yes, please attach a copy of your Certificate) Y / N \*\* |
| How did you hear about us ? |  |
| Do you have any special skills you can bring to Boro Angels |  |
| Emergency Contact Info | Name :  |
| Number :  |
| Relationship to you :  |
|  | Address : |
|  |  |
|  | Post Code : |
| Please supply details of 2 Referees (not relatives) |
| Name |  |
| Contact No |  |
| Email |  |
| Company |  |
| How do they know you |  |
|  |  |
| Name |  |
| Contact No |  |
| Email |  |
| Company |  |
| How they do know you |  |

**\*\* - for accepted Volunteer Applications ONLY**

I hereby declare the above information to be true and correct, I understand that by giving false information my application may become invalid

Signed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Boro Angels – Registered Charity No. 1144832***

***Registered Office : St. Barnabas Church Office. 1a St. Barnabus Rd, Linthorpe, Middlesbrough. TS5 6JR***