

**Shuttlewood Clarke Foundation
Volunteer Application Form**

*Please complete the following information.

Mr / Mrs / Miss / Ms / Other	
Surname	Name(s)
Address	
.....	
.....	
Telephone Number	Email
Date of Birth	
Your employment status:	
Retired	Unemployed
Employed	Student

To enable us to accommodate your needs within the volunteering role Please inform us if you have any learning or physical disabilities and or health issues.	Yes / No
If yes please give details
.....
Are you registered disabled?	Yes / No
DBS certificate	Yes / No
Safe Guarding Training	Yes/No
If Yes date completed	
Under the terms of the Rehabilitation of Offenders Act 1974, do you have any criminal convictions?	Yes / No
How did you hear about the Foundation?
.....
Have you ever done any voluntary work before if yes in what capacity?	Yes / No
.....
Please describe any hobbies or interests you may have	
.....	
.....	
.....	
Reference:-	Next of Kin/ Emergency contact number:-
1. Name	1. Name
Address	Contact Number
.....	Relationship
.....

* Return Completed form to:

POST: Charlotte Dodd Administration Assistant
Ulverscroft Grange, Whitwick Road, Marlfield, Leicestershire LE67 9QB
01530 244914

EMAIL: hello@shuttlewood-clarke.org

Please be aware that to withhold information or to give false information will be regarded as an attempt to falsify records. This form is stored on a password protected computer, The Foundation will not disclose any information on this form without your permission.

SCF OFFICE USE ONLY	
Date Volunteering Commenced	Date Volunteering Ceased
Area and Day for Volunteering	
DBS Certificate supplied	
Reference received	