**VOLUNTEER TREASURER APPLICATION**

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| --- | --- | --- | --- | --- | --- |
| **Name:** | | | | **Date of Birth:** | |
| **Address:** | | | | | |
|  | | | | **Post code:** | |
| **Telephone:** | | | | **Mobile:** | |
| **Emergency Contact No:** | | | | **Relationship to Contact:** | |
| **Email:** | | | | | |
|  | | | | | |
| **Do you have any health issues that may affect your volunteering with us?**    If yes please give details: | | | | | |
|  | | | | | |
| **Please list any hobbies, interests or skills you have that you would be willing to share with the club:** | | | | | |
|  | | | | | |
| **Can you tell us about your experience, work, education, volunteering or in other areas of life, and in particular any experience that would help towards this trustee/committee role, or working with vulnerable adults.** | | | | | |
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| **Please list any training you would like to undertake:** | | | | | |
|  | | | | | |
| If you become a volunteer we will need to carry out a Criminal Records Check (CRB) on you (Exceptions order 1975). Having a criminal record will not necessarily prevent you from becoming a volunteer with us. | | | | | |
| **Do you do have a criminal record?**  If yes please give details: | | | | | |
|  | | | | | |
| **Personal Referees:**  Please give us contact details of two people who know you well, preferably for at least two years. They must not be relatives. | | | | | |
|  | | **Referee 1** |  | | **Referee 2** |
| **Ms/Miss/Mrs/Mr** | |  | **Ms/Miss/Mrs/Mr** | |  |
| **Name:** | |  | **Name:** | |  |
| **Address:** | |  | **Address:** | |  |
| **Telephone** | |  | **Telephone** | |  |
| **Email:** | |  | **Email:** | |  |
| **Occupation** | |  | **Occupation** | |  |
| **Capacity in which**  **They know you and**  **For how long:** | |  | **Capacity in which**  **They know you and**  **For how long:** | |  |
| **The information given in this form is correct to the best of my knowledge and belief.** | | | | | | |
|  | | | | | | |
| Signature: |  | | | Date: | | |
|  | | | | | | |
| **Data Protection Act: I understand and agree that as part of volunteering with Bath Gateway Out & About my details may be held in a confidential database that is only used for reasons relating to my volunteering.** | | | | | | |
|  | | | | | | |
| Signature: |  | | | Date: | | |
| Thank you for your interest in becoming a volunteer at Bath Gateway Out and About club.  Please return this form to me by email or post at the address at the bottom of this page I will contact you shortly.  If you have any questions please don’t hesitate to contact me.  I look forward to meeting you soon.  ***Becky Morgan*** | | | | | | |