

VOLUNTEER TRUSTEE APPLICATION

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? YES NO		
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, experience of being with vulnerable adults, plus anythin		



Please list any training you would like to undertake:			
		(000)	
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?			
YES NO			
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	Capacity in which		
they know you and	they know you and		
for how long:	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		