



# VOLUNTEERING APPLICATION FORM

Drop of Compassion is committed to creating and promoting equal rights and diversity. This application process gives us at Drop of Compassion an opportunity to know a little bit about you and the areas that you would like to focus in and an insight into areas you are an expert and your skills can be utilised.

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Full Name: .....

Date of Birth: ..... Current Age: .....

Gender:  Male  Female  Prefer not to say

Phone number: ..... Home phone: .....

Email Address: .....

Address: .....

..... Postcode: .....

Other address if not living full time at address stated above:

Address: .....

..... Postcode: .....

Do you have any disabilities?

Yes  No  Not Applicable

Please can you say how Drop of Compassion can best assist you with any extra needs?

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Do you hold a full clean driving license valid in the UK?

Yes  No  Not Applicable

In case of working with vulnerable young people and require a DBS check do you have any unspent criminal convictions?

- Yes
- No
- Not Applicable

If yes please can you provide details about the conviction(s)

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What are your current area of interests? Please tick

- Education
- Design
- Environmental
- Business
- Marketing
- External
- Communication
- Fund Raising
- Event organisation
- IT
- Media

Other Please list:

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How many hours can you give per week? Please tick

- 0-2 Hours
- 3-5 Hours
- 6-8 Hours
- 9-11 Hours
- 12-14 Hours
- 15+Hours
- I can only give hours to certain events

Please tell us about any previous experiences/job roles or personal experience which is relevant?

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Please tell us what skills you think will help Drop of Compassion with its work?

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What skills would you be interested in learning?

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Please tell us where you heard about us? Please tick

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> Website    | <input type="checkbox"/> Another organisation | <input type="checkbox"/> Leaflet                |
| <input type="checkbox"/> Past event | <input type="checkbox"/> Radio                | <input type="checkbox"/> A friend/family member |

Other:

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**I agree**

- To help Drop of Compassion fulfill its services and perform to the best of my ability in my role;
- To follow the organisation's procedures and standards;
- To maintain the confidential information of the organisation and of its clients;
- To meet commitments and standards agreed to except in exceptional circumstances, and to give reasonable notice so other arrangements can be made;

I agree to the terms & conditions set out within the volunteer agreement document and volunteer policy document

Signed:

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Date:

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**Thank you for wanting to volunteer with Drop of Compassion.**