



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.

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

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.