 Volunteer Application Form

Thank you for your interest in volunteering with Holding Space. Please complete this form and return to us.

1. **Your Personal Details**

Name………………………………………………………………………………………………………………………………………………………………………

Address: (inc Post code) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Email address:……………………………………………………………………………………………………………………………………………………….

Telephone Number: Home: ………………………………………………… Mobile: …………………………………………………………………..

Date of Birth: ………………………………………….

1. **Emergency Contact Details:**

Next of Kin: ……………………………………………………………………………………………………………………………………………………………

Telephone Number: ……………………………………………………… Relationship: …………………………………………………………………

1. **Health Details**

Do you have any health issues we should be aware of? YES NO

If Yes please give details: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

1. **DBS Checks**

Do you have a current DBS Certificate? YES NO

Do You consent to Holding Space carrying out a DBS Check? YES NO

1. **Previous Work Experience**

Please give details of your previous work experience and skills you feel you could bring into this volunteering role

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

1. **Reasons for volunteering**

Please explain why you would like to volunteer with Holding Space?

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

1. **Possible areas of work available (this is not exhaustive or definitive)**

Please tick areas you may be interested in

|  |  |  |  |
| --- | --- | --- | --- |
| Fundraising |  | Counselling |  |
| Grant/ Funding Applications |  | Art workshops |  |
| Working with clients – face-face |  | Drama workshops |  |
| Office/Admin Work  |  | Music workshops |  |
| Helping at fundraising events |  | Play therapy |  |
| Social Media |  | Computer/IT Skills |  |
| Schools Liaison |  | PR & Marketing |  |
| Telephone/wellbeing Support |  |  |  |

1. **Availability**

I am available (please tick)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Monday |  | Tuesday |  | Wednesday |  | Thursday |  | Friday |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Mornings 9am -1pm  | Afternoon 1pm -4pm | All Day 9-4pm  | Evenings  |

1. **How did you hear about us?**

Word of Mouth

Facebook/Social Media

Recommendation

School

Other: Please state

**DATA PROTECTION**

Holding Space is committed to protecting your data privacy and will process your personal data in accordance with the Data Protection Act 1988. Your data will only be used for purposes relating to your volunteering activity. It will only be seen by Holding Space personnel and shared with your consent and permission. It will not be sold or passed onto any other organisation. A full data privacy statement for volunteers is available on request.

**Your Signature**

I confirm that the above information is complete and correct. I consent to the processing of this data in the consideration of my application and during the course of my volunteering with Holding Space.

Signature…………………………………………….. Date………………………………………….

(parent/guardian must sign if aged under 18)

Please return this form to: Holding Space, 7 Hyde Gardens, Eastbourne, East Sussex, BN21 4PN