



VOLUNTEER ENROLMENT FORM

Title **Name**

Address

..... **Post Code**

Email.....

Telephone **Mobile**

Date of Birth

Current / Former Occupation (s).....

.....

If you are in receipt of any State Benefit (e.g. disability) that may be affected by voluntary activity, you can note it here.

.....

Do you have the right to work in the UK? YES / NO

If no, please state if there are there any restrictions which would prevent you from volunteering.

.....

If you have any medical condition which would necessitate a particular course of action in a first aid situation, you can note it here:

.....

Emergency Contact Name **Number**

Previous/Current Volunteer Experience

.....

Hobbies, Interests

Foreign Languages.....

Volunteer Role – is there a volunteer role you are particularly interested in?

.....

Availability – When can you be available to volunteer?

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
am
pm

What persuaded you to volunteer?

.....
.....

Any other comments

.....
.....
.....

References

Please supply contact details of 2 people who know you well enough to comment about your suitability for this role.

Not family or members of Cathedral staff, including volunteers, unless already agreed.

Referee 1

Name

Address

Email

Phone

How does this person know you?

Referee 2

Name

Address

Email

Phone

How does this person know you?.....

Please return your completed form to:

Cathedral Offices, Chain Gate, Cathedral Green, Wells. Somerset BA5 2UE

01749 674483

volunteers@wellscathedral.uk.net