



## 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?**

	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>am</b>	.....	.....	.....	.....	.....	.....	.....
<b>pm</b>	.....	.....	.....	.....	.....	.....	.....

**What persuaded you to volunteer?**

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.....

**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 members or Cathedral staff.**

**Referee 1**

Name .....

Address .....

Email .....

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

**Referee 2**

Name .....

Address .....

Email .....

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

**Please return your completed form to:**

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

**01749 832217 or 01749 674483 ext. 3001**  
**volunteers@wellscathedral.uk.net**