

Preston Community Transport Volunteer Application form

Name: _____

Address: _____

_____ Post Code: _____

Home Telephone number: _____ Mobile _____

Email: _____

DOB: _____

Do you have a full, driving licence? YES / NO

Please tell us why you would like to volunteer for us.

Please tell us what your interests and hobbies are.

Please tell us about any paid work or voluntary work or experiences you have

Tell us about your skills and knowledge.

Please tell us about any qualifications you hold or are working towards.

Do you consider yourself to have a disability - yes / no – if yes please give some details?

What support needs do you feel you have.

What is your current employment situation - please circle

Full time Part time Self-employed Unemployed Retired

Name of your employer _____

Education Secondary Further Higher Where are you studying _____

Please give the names of two people who we can contact for a reference. They may not be a family member and should be someone you have known for more than 12 months.

First referee

Name:

Address:

Post code:

Telephone number:

Email:

Second referee

Name:

Address

Post code:

Telephone number:

Email:

This role is subject to the Rehabilitation of Offenders Act 1974. Failure to disclose convictions will result in the termination of your role. Information will be treated in confidence. CRB and Reference checks will be carried out.

Date:

Signature:

Please return to The Volunteer Manager at Preston Community Transport Ltd. The Mobility Centre, 28 Friargate. Preston, Lancashire. PR1 2AU. Or email to redrose@prestonct.org.uk

Official use only:

Ref 1 sent: _____ Returned: _____

Ref 2 sent: _____ Returned: _____

DBS sent: _____ Returned: _____ Disclosure #: _____ Issue Date: _____

Induction date: _____

Four week review date: _____