



Charity Commission for England and Wales.  
Charity Number: 1076083

Email:  
volunteering@pembrokeshire-sibling-  
group.org.uk

www. Pembrokeshire-sibling-group.org.uk

### **Volunteer Application Form**

Please answer all questions and return this form to;  
M Kilminster  
12 Milford Road  
Haverfordwest SA61 1PJ

**All information provided via this form will be kept confidential and will be used solely to determine if you are suitable for the particular volunteer position that you are interested in or whether you might be better suited to be involved in other ways.**

Title			
Full Name			
Date of Birth	<b>Please note that we are currently only recruiting volunteers that are 24 years old or greater.</b>		
Address (including post code)			
Telephone Number(s) (include dialling codes)	Daytime		
	Evening		
	Mobile		
Email Address			
When is the best time to contact you?			
Can you speak Welsh?	This is not a requirement but is useful for us to know as grant providers often ask if we have any Welsh speakers.		
Do you have any experience, paid or otherwise, that might be relevant to being a volunteer?			
Do you have a driving licence?			
Do you own a vehicle?			
Are any times or days more suitable for you to volunteer?			
How much notice would you need to attend a day or overnight trip?			
Do you have any medical or special needs that the charity trustees need to be aware of to ensure your safety and enjoyment whilst acting as a volunteer?			
Signature		Date	



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### DBS Consent and Reference Forms

**Pembrokeshire Sibling Group meets the requirements of exempted questions under the Rehabilitation of Offenders Act 1974. All volunteers working directly with the children, or their information, will be subject to a criminal record check by the Disclosure and Barring Service before they work with the children. This will include details of cautions, reprimands or final warnings as well as convictions. Only relevant matters will be considered when deciding your suitability.**

Title		All Forenames (in full)	
Surname (in full)			
Address	Property name or number		
	Street name		
	Town or City		
	County		
	Post Code		
Signature		Date	

Please provide details for two referees (these people should not be relatives). At least one should know you in a formal capacity.

Referee 1		Referee 2	
Title		Title	
Full Name		Full Name	
Address		Address	
Email Address		Email Address	
Telephone Number		Telephone Number	
I confirm that the referees named above gave their permission for me to submit their details. I also confirm that in submitting the above referees I consent to you contacting them for information about me and for them to give such information as is relevant to this application.			
Signature		Date	

