



Pembrokeshire Sibling Group

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:

L Van-De-Cappelle, 15 Stokes Avenue, Prendergast, Haverfordwest, SA61 2RB.

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			
Address (including post code)			
Telephone Number(s) (include dialling codes)	Daytime		
	Evening		
	Mobile		
GDPR Consent	YES		NO
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		Print	Date:

Reference Forms

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: Name: Address:	Title: Name: Address:
Email: Telephone:	Email: Telephone:

I confirm that the referees named 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.....