Mary Carpenter House, Kingswood Foundation, Bristol, BS15 8DB

Tel: 0117 908 7712 e-mail: coordinator@kinergy.org.uk

**APPLICATION FORM FOR VOLUNTEER RECEPTIONIST**

(CONFIDENTIAL WHEN COMPLETE)

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone Number  |  |
| Email |  |
| D.O.B. |  |

1. What level of commitment do you imagine you can offer?

|  |
| --- |
| e.g once a week, bi weekly? |

1. How many hours are you able to offer?

|  |
| --- |
|  |

1. Which day would work best for you?

|  |
| --- |
|  |

1. What would you like to gain from volunteering here at Kinergy?

|  |
| --- |
|  |

1. Anything you feel you might struggle with?

|  |
| --- |
|  |

**Referees**

*Please provide details of 2 referees. Referees cannot be family members, and student counsellors should include details of your tutor. References will be checked if an offer is been made.*

|  |  |
| --- | --- |
| **Referee 1** | **Referee 2** |
| **Name:** |  | **Name:** |  |
| **Address:** |  | **Address:** |  |
| **Telephone No.:** |  | **Telephone No.:** |  |
| **Email:** |  | **Email:** |  |
| **Relationship:** |  | **Relationship:** |  |

I confirm that, to the best of my knowledge, all the information I have supplied on this application is true and correct and I also understand that, as this work involves contact with vulnerable people, this position is exempt from the Rehabilitation of Offenders Act (1974) and, therefore, additional appropriate checks will be made.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**

**Please return this form (along with our Equal Ops. form) to:**

coordinator@kinergy.org.uk or post it to: Kinergy, Mary Carpenter House, Kingswood Foundation Estate, Britannia Road, Bristol, BS15 8DB