

CONFIDENTIAL

## The Magdalen Project Volunteer Application

Surname	Mr / Mrs / Miss / Other				
First Names	Date of Birth				
Address	Telephone Home				
	Mobile				
Postcode	E-mail				
National Insurance Number					
Place of Employment	Job Title				
Have you done any volunteering work in the past If yes what have you done and where?					
Why would you like to become a volunteer at The Magdalen Project?					
What would you like to gain from your volunteering experience?					
Do you have any relevant skills / experience / training / interests which would be useful to Magdalen?					
What time do you have available for volunteering?					
Day or residential volunteer? Preferred start date? If residential how long would you like to come to Magdalen for?					

Do you have use of a vehicle?	Are you prepared to use it while volunteering (mileage expenses paid)							
Are you in good health?								
Please give details of any medical condition or di	sability which	may affect	t vour volunte	erina				
		may anoo		onng				
Do you have any special dietry requirements ie vegetarian / wheat free etc?								
Please give details of two people (not relations) who can provide a character reference for you								
Name	Name							
Address	Address							
Telephone	Telephone							
E-mail	E-mail							
How did you find out about volunteering at Magd	alen?							
I declare that the information given on this application is, complete and correct and that any untrue or misleading information will give The Magdalen Project right to terminate any volunteering contract offered.								
I agree that should I be successful in this application, The Magdalen Project will apply to the								
Criminal Records Bureau for an enhanced discle	•			tisfactory any				
offer of voluntary employment may be withdrawn or voluntary employment terminated.								
Signad	in a d							
Signed Date								
Please return this form to:								
Volunteers Coordinator   The Magdalen Project   Magdalen Farm   Winsham   Chard TA20 4PA								
Telephone 01460 30144 giles@themagdalenproject.org.uk								
Insurance								
You should ensure that they have adequate insurance cover in place normally under your own								
household policy to provide cover for personal liability and possessions								
Office use only								
Date Approved CRB form CRB Received by given form		CRB approved	Volunteering	Confirmation				

Date Received	Approved by	CRB form given	CRB form returned	CRB to FACE	CRB approved	Volunteering Dates Day / Res	Confirmation