



## Hollie Helpers Volunteering Form

### Personal Details

Title	First name	Last name
Address		Home tel
		Work tel
		Mobile tel
Postcode	Email	

### Employment Status

Are you Working / Student / Retired / Not working / Other
Please provide details

### Motivation

What are your reasons for wishing to volunteer?
Provide details of any previous volunteering experience
What hobbies or leisure activities do you enjoy?





**Availability**

When would you be available? Please tick all that apply	<input type="checkbox"/> Daytime	<input type="checkbox"/> Evenings
	<input type="checkbox"/> Weekends	<input type="checkbox"/> Week days
	<input type="checkbox"/> School holidays	<input type="checkbox"/> Term time

**Driving**

Do you have a full UK driving licence?	Yes	No
Do you have access to a car?	Yes	No
Is your licence clean?	Yes	No
If not, provide details		

**Health**

Do you have, or ever had, a medical condition that may affect your work as a volunteer?	Yes	No
If yes, provide details		

**Convictions**

Have you ever had any criminal convictions, conditional discharges or cautions?	Yes	No
If yes, provide details on a separate sheet		





## Declaration

### Data Protection Act 1998

I understand that if I am successful the information provided will form part of my personnel record which will be retained for 2 years after I cease to be a volunteer. If I am not successful I understand that HGT will retain the information for 6 months.

I confirm that the above information is correct. I understand that any false information or deliberate omissions will disqualify me from undertaking a voluntary role or may render me liable for dismissal.

Signature

Date

Please send the completed form to  
Hollie Gazzard Trust, 12 Martindale Road, Churchdown, Glos, GL3 2DW  
Or email to [nick@holliegazzard.org](mailto:nick@holliegazzard.org)

### Revision History

Version - 1

Last Update – March 2015

**Hope, passion & a life fulfilled**

