

Volunteer Application Form

Thank you for your interest in volunteering with us! Please can you complete the following so that we can get to know you a little better and ensure we find an opportunity best suited to you. Once we have your completed form, we will be in touch to discuss next steps.

YOUR DETAILS				
Full Name				
Address				
Telephone Number		Mobile Number		
Email Address				
Date of Birth				
Have you ever volunteered/worked with us before?	Yes which location/department		No	

EMERGENCY CONTACT DETAILS			
Full Name			
Address			
Telephone Number		Mobile Number	
Relationship			

MEDICAL INFORMATION
Please provide details of any medical conditions or allergies which may be relevant to your volunteering experience with us?
Is there any additional support you require in order to fulfil a volunteering role with us?

Please use the space below to tell us why you would like to volunteer with us and what skills you might bring...

AVAILABILITY

Please list any days and times that you are available and the branch/venue you would like to volunteer with as well as the opportunity/roles you are happy to undertake, (e.g. litter picking, supporting activities, catering, making things, car parking etc)

We would like to stay in touch with you regarding other volunteer opportunities at YMCA Fairthorne Group, please let us know if you would be happy to hear from us:

Post	Telephone	E-mail
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Name	Signature	Date
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Thank you!

By completing this form, you are giving permission to YMCA Fairthorne Group to contact you through the methods selected. You can unsubscribe at any time by e-mailing marketing@ymca-fg.org or clicking the link at the bottom of any YMCA email. Our privacy notice and data protection and information security policy can be found on our website