



# Volunteer Application Form

Role applied for

**PAINT SHOP ASSISTANT**

First Name

Surname

Address

  

Telephone no.

Home telephone no.

Email address

Date of  
birth

**2. Please tell us a few things about you - your experience and why you want to volunteer with us?**

**3. A disability or health problem does not preclude a person from volunteering with Happy To Help CIC. People with disabilities are welcome. This may be a physical or mental health issue. All information provided will be treated as confidential. Do you have a health problem, or a disability, which is relevant to this role?**

yes

no

If yes please describe the nature of the health problem or disability below (or brief details can be written on a separate sheet of paper and placed in a sealed envelope for consideration).



**4.** Depending on the nature of the volunteering role and the position applied for, it may be necessary for a DBS check (or similar) to be undertaken. A criminal record does not preclude a person from volunteering with Happy To Help. Do you have any criminal convictions?

yes  no

If yes please give brief details below (or details can be written on a sheet of paper and placed in a sealed envelope for consideration)

**5. Referees**

Please give us the name and address a person who will provide a character reference to us about your ability to do this role. Referees will only be contacted after an interview.

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Length of time the person has known you \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Signed**

**Date**

Please return this form to a NPH resident involvement officer.

Information that you provide on this form will be used to assess your application to volunteer with us and contact you. Full details about how we process your data can be found on the NPH website: <https://www.nph.org.uk/privacy-policy>

Please tick here to indicate your agreement to us using your data to assess your application and contact you: