**Let Us Play (Wolverhampton) Volunteer Application Form**

**Confidential**

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| **Volunteer Position Applied for (please circle): Sessional Volunteer, Office Volunteer, both.** | | | |
| **Title: Mr/Mrs/Miss/Other** | **Name:** | **DOB:** | |
| **Address:** | | | |
| **Term Time Address (if different from above):** | | | |
| **Contact/Mobile Number(s):**  **Email Address:** | | **Do you wish to declare a disability?** | **YES/NO** |
| **If you are in education currently, please tell us what courses you are studying and of any previous employment or volunteering experience.** | | | |
|  | | | |
| **Please give us some details of your skills, hobbies and interests and how you plan to put these into practice to help the members of Let Us Play.** | | | |
|  | | | |
| **Please tell us a little about yourself and why you wish to volunteer for Let Us Play** | | | |
|  | | | |
| **Additional Information:**   * **We ask all of our volunteers to commit to one session per month.** * **A fully enhanced DBS check will be required prior to the commencement of volunteering.** * **All information received, will be treated as confidential and will be processed in line with the 1998 Data Protection Act.** | | | |

**Signature ...................................................... Date .............................................**

**Please print name ............................................................................................................**

**Once completed please return to Claire Mcken at :**

**Let Us Play**

**7 Shaw Park Business Village**

**Shaw Road Wolverhampton**

**WV10 9LE**

**Or via email to claire@lupwolverhampton.org.uk**

**For Office Used only: Received by ...................................... Date .............................................**