



Gillingham Area Voluntary Car Link Scheme
Registered charity number 1138732

Volunteer Co-ordinator Application

Thank you for your interest. The information you give is understood to be confidential, will be kept secure for internal Gillingham Area Car Link purposes only and will not be revealed to any other person or organisation.

Please deliver or post this form to;
The Volunteer Support Officer, 9 Freame Way, Gillingham, SP8 4RA

Name	
Address	
Postcode	
Date of Birth	
Telephone (day)	(evening)
(mobile)	
Email address	

Equal Opportunities: We welcome all volunteers for the skills they could bring to GACL. Please give details of any health conditions, issues or disabilities which could be relevant as a volunteer co-ordinator:

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Under the Rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions?
Yes / No

If you have ticked yes, summarise details below. Having a conviction will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability.

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Please give a brief history of your employment and interests

Are you happy to use a computer as a GACL co-ordinator? How long have you used one?

Why you are interested in volunteering with GACL, how did you hear about us?

How it will fit in with existing commitments?

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Do you have any special skills eg employment experience and/or work with other voluntary organisations?

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Please give the names and addresses of two referees who are not members of your family:

Person 1

Person 2

Address

Address

Email address

Email address

How do you know this person

How do you know this person

For how long

For how long

Contact in case of an emergency:

Name

Address

Telephone number

Relationship

Declaration:

I declare that, to the best of my knowledge and belief, all my statements given in this application are correct. I understand that any offer of volunteering is subject to satisfactory references.

.....
Signature

.....
Date