Shinfield Voluntary Car Service

Registered Charity No. 1152423

Application Form Voluntary Bookings Officer

All information is kept confidential & stored in accordance with the General Data Protection Regulations of 2018.

Your Details

Surname: **Title:** Mr / Mrs / Ms / Miss /Other.....

First Name:

Address:

Telephone: **Mobile:**

Email:

About You (Please continue on a separate sheet if you need to)

Hobbies, pastimes or interests:

Relevant experience:

Details of any previous or current voluntary work:

Your Availability

Please tell us which morning(s) you are applying for:

Are you able to make a weekly commitment? (Apart from holidays etc.) Yes / No

Would you be willing to help with back-up cover for holiday or illness? Yes / No

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Reference

Please give the name and address of somebody who knows you well (other than a relative) willing to provide a reference in support your application. Please state in what capacity this person knows you.

Name: **Telephone:**

Address:

Capacity:

Declaration

- I have received, read and agree to the conditions given in the role description.
- **Confidentiality:** If I commence voluntary work with SVCS I will acquire personal knowledge and information about a client. I fully understand that such information must be treated with absolute confidentiality and that I must not discuss this with any persons other than relevant members of the Voluntary Car Service.

Signature: **Date:**

If you're interested in joining us, please return your form to the SVCS Office at:

The Pavilion, Clares Green Road, Spencers Wood RG7 1DY

Alternatively, please scan the signed application and email to shinvol@gmail.com
On receipt of your application form, we'll get back to you arranged a date and time to meet.
Thank you very much for your application.

For Office Use only

Date Reference applied for: Reference received:

Manager's Signature: