






East Riding of Yorkshire Council Volunteer Application Form

Volunteer Opportunity Title (and code if applicable):

Council Contact name:

I.	Name:
	Home Address:
	Telephone Numbers: Day: Evening: Mobile: Preferred contact time:
	Email Address:
	Date of Birth: <i>(please note that you must be aged between 18-75 to be insured to volunteer with the Council)</i>
	National Insurance number:
Emergency Contact Name and Telephone Number:	

2. Have you held/applied for a volunteering position with East Riding of Yorkshire Council previously? Yes/No
If yes, please provide the service/contact name: _____

3. Would you be interested in other Council volunteering opportunities? Yes/No
If yes, please complete questions 4-6. If no, please move to question 7.

4. Availability – please tick the times you are usually available as a volunteer:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

5. Please tick which areas of East Riding of Yorkshire you are able to volunteer in:

Beverley		Haltemprice (Hessle, Cottingham, Brough)	
Bridlington / Driffield		Holderness (Withernsea, Hornsea, Hedon)	
Goole / Snaith / Howden		Wolds and Dale (Market Weighton, Pocklington)	

6. Please tick the service area(s) you would consider helping in as a volunteer:

Children and young people		Sport, Play and Arts Service	
Children's Centres		Adult Services (e.g. residential care, day care Domestic Violence Abuse Project)	
Countryside/Conservation		Adult Education	
Libraries		Museums and heritage	

7. Do you have any medical conditions we would need to be aware of to ensure the safety of yourself and others eg epilepsy, asthma etc? Yes/No. If yes, please give details:

8. Is English your first language? Do you speak any other languages?

9. Do you need any support, aids or adaptations because of a disability to assist you in being able to volunteer? Yes / No If yes, please give details:

10. Why are you interested in this volunteering opportunity? (please continue on another sheet if necessary)

11. Please tell us about any experience, skills, qualifications or interests you have that you could use in this volunteering role. If applicable, please bear in mind the volunteer task description when completing this section. Please continue on another sheet if necessary.

12. Do you hold a full valid driving licence?	Yes/ No
13. Do you have your own transport?	Yes/ No
14. Are you an employee of East Riding of Yorkshire Council?	Yes/ No

15. Referees - Please give the names of two people who we can contact to confirm you are suitable to work as a volunteer for the Council. Referees should not be family members.

Name:	Name:
Position:	Position:
Address:	Address:
Telephone Number:	Telephone Number:
Email address:	Email address:

- General Information**
- This application will be treated in the strictest confidence. The Council reserves the right to verify claims made in this application.
 - Any false statement or withholding of relevant information may result in this application being rejected or the withdrawal of approval to volunteer.
 - I accept that the volunteer opportunity for which I am applying may require a criminal record check.
 - I understand that the information will be held on the local authority computer databases subject to the condition of the Data Protection Act (1998) and that depending on my answer to question 3 my details may be passed to other council services who may contact me.

Applicant Declaration
I agree to comply with the Council's volunteer code of conduct.
I certify that the contents of this application are, to the best of my knowledge and belief, a true statement.

Signature: _____ **Date:** _____