**JUST GOOD FRIENDS CLUB**

**Application Form for Volunteers**

Title (Mr. Mrs. Miss. Ms. or other) …………...

First Name……………………………………….

Surname…………………………………...........

Address………………………………………………………………………………………...

…………………………………………………………………………………………………..

………………………………………………………...Post Code……………………………

Telephone No. (including code) …………………………………………………………….

Mobile Phone No. ……………………………………………………………………………

Age…………………………………………Date of Birth……………………………………

**Past Experience** (paid or voluntary work or self-employment)

If you can, please give the organisations that you have been involved with, the type of work that you did, and the dates you worked there.

Have you any experience of supporting adults with learning disabilities/special needs before? (If so, please tell us your experiences)

**Training**

Please give us details of any relevant training, short courses etc. that you have undertaken or are taking now.

**Interests and Hobbies**

Please give us details below of your interests and hobbies.

Please let us know of any needs you have, which need to be met, so you can undertake voluntary work. For example, these may relate to access, type of lighting and seating etc.

Tell us why you would like to be a volunteer for our group and support Adults with a Learning Disability.

**Due to the vulnerability of the groups we work with, we will ask for a criminal record check to be done and for references. (At no cost to you)**

**Have you been checked by the Disclosure & Barring Service?**

YES/NO

**If you have not been checked by the Disclosure & Barring Service would you have any objections to being checked?**

YES/NO

**If you have been checked by the Disclosure & Barring Service recently, please enclose a copy of your clearance form, which we will photocopy (we will send original back to you).**

Please supply the name and contact details of two referee’s (one personal, one employment or school)

Name……………………………………………………………………………………

Address…………………………………………………………………………………

………………………………………………………………………………………….

Phone Number ……………………...

Email …………………………………

Name……………………………………………………………………………………

Address…………………………………………………………………………………

………………………………………………………………………………………….

Phone Number ……………………...

Email …………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** |
| Bolsover | Sports (Daytime) | Chesterfield | Dronfield |
| Whitwell | Pinxton | Clowne |  |

**Please tick the days and times you are available for voluntary work at our evening and daytime clubs and our nightclub events.**

|  |  |
| --- | --- |
| **Chesterfield Nightclub** | **Belper Nightclub** |

**The information you have given us will be treated in the strictest confidence and your name, address and telephone number will not be passed on to any other organisation/agency.**

**Please return this form to:**

**Trish Charity,**

**Just Good Friends Club**

**Unit 10**

**Crossroads Business Park**

**10, Creswell Road**

**Clowne**

**Chesterfield**

**S43 4PU**

**Please mark the envelope Private and Confidential.**

**If you have any queries regarding this form or general enquiries please contact us by email:** **enquiriesjgfclub@hotmail.com** **or our mobile numbers are:**

**Trish 07599 076866**

**Office 01246 913267**

**Please leave a message on one of the above and we will reply as soon as possible.**