



Volunteer Application Form

Role applied for

First Name

Family Name

Address

Contact telephone no.

Mobile telephone no.

Email address

Date of
birth

2. Please tell us a few things about yourself, your experience and why you want to volunteer with us? You do not have to complete this section.

3. A disability or health problem does not preclude a person from volunteering with Spectrum. People with disabilities are welcome. This may be a physical or mental health problem. All information provided will be treated as confidential.

Do you have a health problem, or a disability, which is relevant to this role?

yes no

If yes please describe the nature of the health problem or disability below (or brief details can be written on a separate sheet of paper and placed in a sealed envelope for consideration by the Head of Business Services)

4. Depending on the nature of the volunteering role and the position applied for, it is necessary for a DBS check (or similar) to be undertaken. A criminal record may not preclude a person from volunteering with Spectrum.

Do you have any criminal convictions?

yes no

If yes please give brief details below (or details can be written on a sheet of paper and placed in a sealed envelope for consideration by the Head of Business Services.

5. Referees

Please give us the names and addresses of two people who will provide a reference to us about your ability to do this role. Referees will only be contacted after an interview.

REFEREE ONE

Name	
Address	
Daytime tel no:	

REFEREE TWO

Name	
Address	
Daytime tel no:	

Signed

Date

Please return this form to Spectrum Northants Limited, Berrywood Road, Duston, Northampton NN5 6XA. Or email to info@spectrumnorthants.co.uk