**Volunteer Application Form** 

Welcome to BHN.   
   
The information you provide on this form is confidential, and will be kept in accordance with Data Protection law and BHN’s confidentiality policy

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| --- |
| Your first name Your family name  name you like to be known by |
| Your address   Postcode  phone number email |
| Emergency contact  name phone number  relationship to you |
| **Volunteering interests**  Which roles are you interested in?  Why would you like to volunteer with us?    What do you want to get out of volunteering? |
| What days and times are you available to volunteer? |
| Do you have any support needs? Yes ☐ No ☐  If yes, please tell us what you need: |
| Do you have any criminal convictions that would prevent you from working with children and vulnerable people? Yes ☐ No ☐ |
| **Referees** Please give us the name and contact details of two people who know you (eg an employer or volunteering supervisor) who we can ask for references. |
| Referee 1  Name:  Relationship to you (eg employer, supervisor)  Phone number Email |
| Referee 2  Name:  Relationship to you (eg employer, supervisor)  Phone number Email |
| I have received a copy of the Volunteer Handbook   Yes ☐ No ☐ |
| The information on this form is correct to the best of my knowledge.   Print name  Signature date |

**Please return this form to  
  
elinor@bhn.org.uk**Or, you can bring it to us on Mondays, when our drop in is open between 11 and 2. You’re very welcome to spend some time at the drop in, stay for lunch, and see what we do. **Or post it to us:  
  
BHN  
Easton Family Centre  
Beaufort St  
Easton BS5**