



A social concept, powered by volunteers, here to free your mind

Volunteer Application Form

Please complete all sections of this application form.

Personal Details	
Full Name	
Address	
	Postcode:
Phone	Home: Mobile: Work (if applicable)
Email	
Date of Birth	

Which volunteer roles are you interested in?			
Administration	<input type="checkbox"/>	Website	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	Group Hug App	<input type="checkbox"/>
Dear Vina	<input type="checkbox"/>	Unsure	<input type="checkbox"/>



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Please tell us about any work, volunteering, personal experience, or skills you have which are relevant to the role you are interested in

Availability

When would you be available to volunteer? Please tick all applicable boxes

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Do you have any needs we should be aware of in order to best support your volunteering with us?

References

To complete your application, we need you to provide us with the details of two people who know you well enough to comment on your suitability for this role. They should not be family members. If you are unsure about who could be eligible, we would be happy to discuss this with you.



GROUP HUG

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Referee 1	
Name:	
Address:	
	Postcode:
Phone:	
Email:	
Relationship to you:	

Referee 2	
Name:	
Address:	
	Postcode:
Phone:	
Email:	
Relationship to you:	

If your volunteering role falls within the Rehabilitation of Offenders Act 1974 or is a specified or regulated activity, we will require you to complete a DBS check.

We welcome volunteer applications from everyone. Having a criminal record will not necessarily exclude you from volunteering with Group Hug and your application will be dependent on the nature of the offence and position applied for.

Signed	
Date	



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How did you hear about us? (Please circle)

Volunteer Centre	Our Website	Our Leaflet
Other Organisation	Other Website	Word of Mouth
Friend or Family	Social Media	Other (please state)

Thank you for taking the time to complete this form. Please ensure you have fully completed all the sections, signed and dated it, then either scan, or photograph all the pages and return it to:

hr@grouphugapp.org