



Volunteer Application Form

Personal Details

Name:	
Address:	
Tel Number:	Email address:

Availability

Please let us know which days and times you would be available to volunteer:

How many hours are you looking to offer each week / month?

Are you free from now? If not, when would you be available to start volunteering?

Skills / Experience

Please tell us about any volunteering experience or any previous employment you have?

What skills and qualities could you bring to Trevi?

Reasons for volunteering

What would make volunteering at Trevi worthwhile for you?

- Learning new skills
- Making a difference to others
- Meeting new people
- Improving my employment prospects
- Training courses
- Productive use of spare time
- Other – please state



Areas of work

Which areas of work interest you?

Working with adults
Working with children
Office skills
Training
Fundraising

Other – please state

Is there one of our projects that you are particularly keen to be part of?

Jasmine - Mothers Recovery
Daffodil – Family Centre
Sunflower – Women’s Centre
Anywhere across Trevi

How did you hear about us?

Word of mouth
I have been supported by Trevi

Advert
Posters/leaflets

Other – please state

Equal opportunities

We welcome applicants with all range of abilities for the skills they bring. So we can support you in your role, please give details below of any disabilities or health issues.

Under the rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions?

Yes No

If yes, summarise details below. Having a conviction will not necessarily stop you from volunteering but will need to be taken into consideration when assessing your suitability.

Do you have an online DBS?



References

Please give the names and contact details of two people who have known you for some time (not relatives) and are willing to act as referees.

If possible, one should be from a place of work/organisation where you have volunteered.

1st Referee

Name

Address

Postcode

Tel Number

Email Address

How long has this person known you and in what capacity?

2nd Referee

Name

Address

Postcode

Tel Number

Email Address

How long has this person known you and in what capacity?

Please complete and return to Trevi: office@trevi.org.uk
or Trevi, 29 Sutherland Road, Plymouth, PL4 6BW

Office Use Only

Date Application form received
Date informal meeting booked
Date role profile discussed
Date CRB clearance received
Date references received
Provisional start date

