Application to Volunteer at the Felin Uchaf Centre

Please fill in the following form with as much detail as you can. The information is to help us ensure that your volunteering experience here is safe and fulfilling. The information will be treated as strictly confidential and will not be shared with any third party without your prior written consent

|  |  |
| --- | --- |
| Title Mrs/Mr/Ms |  |
| Surname |  |
| First name |  |
| Date of birth  |  |
| Home address |  |
| Nationality |  |
| Contact telephone  |  |
| Mobile number |  |
| Email address |  |
| Any medical conditions- please detail **( please note that the work is physically demanding and requires a good level of fitness)** |  |
| Taking any special medicines- please detail  |  |
| Your doctor and their address & telephone number |  |
| Next of kin and their contact details |  |
| Any special dietary requirements(We only provide vegetarian food ) |  |
| Any relevant skills or experience you may have to offer : |  |
| Do you consent for us to carry out a CRB( criminal records bureau ) check on you? |  Yes / No |
| Do you consent to photos taken of you during your volunteering to be used by us and our partners for publicising our work ? |  Yes/ No |
| Dates when you would like to stay as a volunteer/trainee |  Arrive: / / 2010 | Depart / / 2010 |
| Arriving by train/bus/car /bike... |  |
| I have received, read and understood both the ***Information for Prospective Volunteers*** & the ***Volunteering Policy***  |  Yes / No Signed: |
| Date  |  |

Please email the completed form to felinuchaf@tiscali.co.uk

Or a printed hard copy to: **Menter Y Felin Uchaf,** Rhoshirwaun, Pwllheli, Gwynedd, LL53 8HS

 *Diolch /thank you*