

Volunteer Application Form



STREET LEAGUE

www.streetleague.co.uk

PERSONAL DETAILS

Full name	<input type="text"/>	Telephone (Including STD Code)	<input type="text"/>
Address (including Postcode)	<input type="text"/>	Mobile	<input type="text"/>
		Email	<input type="text"/>
Borough of residence	<input type="text"/>	Date of Birth	<input type="text"/>
EMERGENCY CONTACT DETAILS			
Contact name (For use in emergency only)	<input type="text"/>	Contact telephone (Including STD code)	<input type="text"/>

APPLICATION INFORMATION

Employment Status	Background/Status (if applicable)	How did you hear about Street League?						
Full-time employment <input type="checkbox"/>	Homeless <input type="checkbox"/>	Volunteer Centre (pls specify) <input type="checkbox"/>						
Part-time employment <input type="checkbox"/>	Learning Disabilities <input type="checkbox"/>	_____						
Unemployed <input type="checkbox"/>	Refugees <input type="checkbox"/>	Corporate Volunteers (pls specify) <input type="checkbox"/>						
Full-time education <input type="checkbox"/>	Mental Health <input type="checkbox"/>	_____						
Part-time education <input type="checkbox"/>	Ex-Offenders / Probation <input type="checkbox"/>	Universities (pls specify) <input type="checkbox"/>						
In voluntary work <input type="checkbox"/>	Drug & Alcohol <input type="checkbox"/>	_____						
		Media (pls specify) <input type="checkbox"/>						

		Other (pls specify) <input type="checkbox"/>						

Position applied for (If specified)	<input type="text"/>							
Your availability (Please tick as appropriate)	Mon am pm	Tues am pm	Weds am pm	Thurs am pm	Fri am pm	Sat am pm	Sun am pm	Varies
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Experience, learning and skills. Please list the areas you feel you are particularly skilled in.	<input type="text"/>							
Information to support your application. Why do you want to volunteer for Street League?								
Rehabilitation of Offenders Act 1974: Do you have any unspent convictions?								
If yes, please specify	<input type="text"/>							
<i>Please note that a conviction will not necessarily exclude you from volunteering with Street League, but will be taken into account when assessing your suitability</i>								

