



BEXLEY SNAP VOLUNTEER DETAILS FORM

Full Name: _____ (Mr/Ms/Mrs/Miss)

Address _____

_____ Postcode _____

Telephone No.(day) _____ (eve) _____ (Mobile) _____

Email _____

Where did you hear about SNAP? _____

Relevant Skills, Experience, Qualifications & Training (please use this section to detail any relevant skills, experience, qualifications, training completed or personal qualities that you feel you could bring to SNAP - this can be from your work, life or previous volunteering experience)

Tell us briefly why you would like to volunteer with SNAP?

What sort of volunteer opportunities are you interested in?

When are you available for volunteering:

Flexible Weekdays Weekends Evenings

Any times when you are NOT available _____

Are you able to travel around the Borough of Bexley? Yes No



Please give details of two people who can tell us whether they think you would be a good volunteer. If you have previous voluntary experience, please give us a contact from the agency you worked with. Choose people who are not related to you.

Referee 1 Referee2
Name..... Name.....
Address..... Address.....
.....
.....
Tel No..... Tel No.....
Email..... Email.....

Please give details of someone we can contact in case of an emergency:

Name..... Emergency Tel No.....

Under the 'Rehabilitation of Offenders Act (exemptions order 1975)' and other regulations, we need to ask the following:

Have you ever been convicted of a criminal offence? Yes [] No []

Having a criminal record does not necessarily mean that you will not be able to volunteer with SNAP. It is our policy that everyone who works or volunteers with SNAP must undertake an enhanced CRB check. Are you willing to undertake an enhanced Criminal Records Bureau Check? Yes [] No []

I confirm that the above information is true and accurate

Signed Date.....

If you would like support in filling in this form, please call Clare on 020 8311 6777.

Please return this form to: Claire @ Bexley SNAP, 1st Floor, St. Augustine Primary School, St. Augustine's Road, Belvedere, Kent DA17 5HP or email to Activities@bexleysnap.org.uk Telephone: 020 8311 6777 Fax: 020 8311 9320



MONITORING INFORMATION

The information below will be used by SNAP for monitoring purposes only. All information held by SNAP is strictly confidential.

Name:

Date of birth:

Please tick below to describe your race or ethnic origin:

White British		Bangladeshi	
White Irish		Indian	
White Other		Pakistani	
Mixed - White & Black Caribbean		Asian Other	
Mixed - White & Black African		Black African	
Mixed - White & Asian		Black Caribbean	
Mixed - Other		Black Other	
Chinese		Other (please specify	
Prefer not to say			

Do you have a medical condition or consider yourself disabled?: YES / NO

If yes, please give brief description: _____

Do you require additional support? YES / NO

If yes, please give details _____

