



Ponhafren Association Volunteer Application Form

If you would like to apply to volunteer with Ponhafren Association, please fill out the form below and return to: Becky Slade, Ponhafren Association, Longbridge Street, Newtown, Powys, SY16 2DY or email to becky.slade@ponhafren.org.uk

Your contact details:

Name:	
Telephone:	
Mobile:	
Email:	

Address	
Post Code	

Contact name and number in case of emergency:

Name:	
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Contact details:	
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Please tell us about any health conditions you may have (and the medication/if any you take for these) so we are prepared in the event of the condition occurring whilst volunteering with us. E.g. Diabetes, asthma, epilepsy, allergic reactions:

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Please circle/mark the Centre where you would like to volunteer at. If more than one, please number in order of your preference, (1 being first choice etc)

Newtown Welshpool Llanidloes

Please circle/mark the area(s) of volunteering you are interested in:

Gardening Day to Day support of the Resource Centre * Facilitating activities
Driving* One to One support* Maintenance
Trustee PR & Marketing IT
Counselor Sub Groups Fundraising
Cooking

Other (please state)

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***These posts are subject to an Enhanced CRB check**

Please circle/tick the days below which you may be available to volunteer.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please circle/tick the time of day you may be able to volunteer:

Mornings (10am-1pm) Afternoons (1pm-5pm) Full day Evenings

If you are travelling from a distance or only able to volunteer on an *ad hoc* basis, please provide details of your situation. You are very welcome to volunteer for special events and projects.

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Do you have any additional skills which you may be able to offer e.g. Craft skills, Foreign Languages, Trained First Aider, traditional skills etc.

How did you hear about our organisation?

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Why would you like to volunteer with us?

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Please tell us about any previous work or voluntary experience.

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Please provide the names and contact details of two referees:

Name:	
Relationship To yourself:	
Position:	
Address:	
Telephone:	
Email:	

Name:	
Relationship To yourself:	
Position:	
Address:	
Telephone:	
Email:	

The contents of this form is for office use only and will be kept confidential and will not be shared with anyone under the guidelines of the Data Protection Act.

Office Use only:

Referee 1 contacted:	
Date:	
By whom:	
Satisfactory reference provided: YES/NO	

Referee 1 contacted:	
Date:	
By whom:	
Satisfactory reference provided: YES/NO	

Release of photos, video and other media

If you would rather **not** have Ponthafren Association include you in any photographs, videos or other media, digital or otherwise please sign below:

I **DO NOT** wish to have myself identified with the release of media relating to the work, projects, and activities carried out by Ponthafren Association

----- Date: -----

