A picture containing clipart

Description automatically generated

**Emmaus Norfolk and Waveney**

**Emmaus House**

**Belsey Bridge Rd, Ditchingham**

**Tel: 01986 895444**

**Email: volunteer@emmausnorfolkandwaveney.org**

**Website: www.emmaus.org.uk/norfolk-waveney**

**Volunteer Application Form**

**Please tell us who you are and how to get in touch with you:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name: |  | | |
|  |  | | |
| Address: |  | | |
|  |  | | |
| Telephone: |  | Mobile: |  |
| Email: |  | | |

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| --- |
| **Which volunteer role are you applying for? Which location, Norwich or Ditchingham?** |

**Please highlight your availability:**

Tuesday Wednesday Thursday Friday Saturday Sunday

|  |
| --- |
| **Please tell us about any work or volunteering experience you have:** |

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| --- |
| **Do you have specialist skills, interests or hobbies that you would like to use when volunteering?** |

**Who can we contact in an emergency:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name: |  | | | |
|  |  | | | |
| Telephone: |  | | Mobile: |  |
| Relationship to you? | |  | | |

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| --- |
| **Emmaus Norfolk & Waveney welcomes volunteer applicants with a range of abilities for the skills they bring. To help us consider any appropriate adjustments to the volunteer environment and support you better in your role, please give details below of any disabilities or health issues you may have (e.g. bad back).** |

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

**Yes**  **No** 

If you have ticked yes, please tell us more. Having a conviction will not necessarily stop you from volunteering but will need to be taken into consideration. **All information will be treated in strictest confidence.**

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**Please be aware that Emmaus Norfolk & Waveney will request a DBS check.**

**Who can we contact as referees?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name: |  | | | |
|  |  | | | |
| Address: |  | | | |
|  |  | | | |
| Telephone: |  | | Mobile: |  |
| Email: |  | | | |
| How do they know you? | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name: |  | | | |
|  |  | | | |
| Address: |  | | | |
|  |  | | | |
| Telephone: |  | | Mobile: |  |
| Email: |  | | | |
| How do they know you? | |  | | |

By signing and returning this form to Debbie Jackson (via email the above or in person) you consent to Emmaus using and keeping information about you on file in accordance with the Data Protection Act 1998/2003.

Emmaus Norfolk & Waveney may wish to hold your details on file for consideration for any future volunteering opportunities that may arise. Please indicate if you do not wish to be considered for other roles which may arise within the next 12 months: Yes / No

|  |
| --- |
| **I declare the information I have provided is true**  **Signature: Date:** |