Versus Arthritis

Volunteer Application Form

* Please answer all sections below.
* Please email this completed form as a Word or PDF document to **recruitment@versusarthritis.org**.

Personal information

**Full name:** Overtype your name here.

**Email address:** Overtype your email address here.

**Telephone number:** Overtype your telephone number here.

**Preferred method of contact:** Overtype your answer here.

**Address:** Overtype your address here.

**Postcode:** Overtype your postcode here.

**Age band (delete as appropriate):** 16-17 Years / 18+ Years.

**Do you consider yourself to have a disability or a health condition?** Yes / No

**Please tell us about any reasonable adjustments we can make for an accessible discussion about the role, if your application is selected for the next steps.**

Overtype your accessibility and/or support requirements here.

**For volunteer posts based in Wales, please state if you can understand, speak, read or write Welsh.**

Overtype here with details of your skills in the Welsh language.

Volunteering role information

**Which volunteer role are you applying for?**

Overtype here with the full volunteer role title (and UK region, if applicable).

**What is the volunteering role reference number?**

Overtype here with the volunteering role reference number.

**How did you hear about this volunteering opportunity?**Overtype your answer here.

Why do you believe this volunteering role is right for you?  
Overtype your answer here.

What motivates you to want to volunteer for Versus Arthritis? *For example, making new friends, giving something back, being involved with your community, enhancing your CV, etc.)*

Overtype your answer here.

References

Please give details of two people who can provide a reference for you. One of your referees should be someone who knows you in a professional capacity, or someone who has a professional role (for example, a previous employer, a volunteer manager, religious leader, teacher, nurse, etc). Ideally they should have known you for at least two years and should not be a family member. Your referees will only be contacted if you are offered a volunteering position with us.

Reference 1

**Full name:** Overtype your answer here.

**Email address:** Overtype your answer here.

**Telephone number:** Overtype your answer here.

**Address:** Overtype your answer here.

**Postcode:** Overtype your answer here.

**Professional or Character reference?** Overtype Professional or Character here.

**How long have they known you?** Overtype your answer here.

Reference 2

**Full name:** Overtype your answer here.

**Email address:** Overtype your answer here.

**Telephone number:** Overtype your answer here.

**Address:** Overtype your answer here.

**Postcode:** Overtype your answer here.

**Professional or Character reference?** Overtype Professional or Character here.

**How long have they known you?** Overtype your answer here.

Declaration

I declare that the information given in this document is true to the best of my knowledge and belief, and I give my permission to contact my referees should I be offered the volunteering opportunity.  I understand my application may be rejected and/or I may be asked to cease volunteering if I have given any false or misleading information or have withheld any relevant details. I understand that I will be asked to produce evidence of my identification if I am offered a volunteering role at Versus Arthritis. I understand that if offered a volunteering opportunity, Versus Arthritis will contact my references.

Please type your name and the date below to complete your declaration.

**Signature**

**Date**

**If you are under 18 years of age at the time you wish to commence volunteering, please ask your parent or legal guardian to complete the declaration below.**

I declare that I am the parent / legal guardian / carer of the applicant named on this form and can confirm that the information they have given is true and accurate. I support their application to become a volunteer for Versus Arthritis.

Please type your name and the date below to complete your declaration.

**Signature**

**Date**

*For information about how we protect and use your personal information, please see our Privacy Notice at www.versusarthritis.org/privacy.*

*Versus Arthritis is committed to keeping children, young people and vulnerable adults safe from harm. During the recruitment process we will undertake safer recruitment practices and relevant checks to ensure applicants are suitable to work with children, young people and vulnerable adults.*

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