



## **Volunteer Application Form**

Personal Informa	tion							
Name	ne Mobile							
Permanent address								
Email	Postcode							
Health Declaration	on							
Do you have any healt should be aware of? If yes, please provide of		r disabilities which we	Yes	No				
Criminal Convict	ions (Rehal	oilitation of Offenders A	ct 1974)					
Do you have any crimi If yes please provide d		s, or any pending convictions?	Yes	No				
Do you have a DBS ce	rtificate dated	within the last three years?	Yes	No				
If so, which organisation	on do you hold	your DBS certificate with?						
Are you willing to have	e a new DBS ch	neck for this role if needed?	Yes	No				
		ot automatically bar you from volu esult in termination of your volunt	-	h GWAAC.				
Experience								
What is your main job	title:							
Who is your main emp	loyer/academi	ic establishment?						
UWE	UOB	Uni of Glos	NHS					
Other (please state)								

What first aid or medical qualifications do you have relevant to emergency first aid/CPR?
What teaching/mentoring/coaching experience do you have?
What else are you interested in helping the charity with?

**Cheque Presentations** 

**Collection Tins** 

**Public Speaking** 

Retail

## **Emergency Contact Details**

Name

Mobile number

Relationship to you

**Fundraising** 

Office Work

## References

Please supply the names and addresses of two references and state how they know you. This should include your current/most recent employer, a previous employer or a position of responsibility in the community. Family members cannot be accepted.

Reference 1 (current/most recent employer) Reference 2	Reference 1	(current/	most recent	employer)	Reference 2
--	-------------	-----------	-------------	-----------	-------------

**Events** 

**Bucket Collections** 

Name Name

Email Email

Position Position

Organisation Organisation

Relationship to you Relationship to you

Do you hold a current DBS Yes No with this organisation? Yes No with this organisation?

I am applying for a voluntary position with Great Western Air Ambulance Charity. I understand that should I be successful - that we have not entered into any employment contract and that the terms are binding in honour only. I understand that my application will only be accepted on receipt of satisfactory reference. If accepted I confirm that I will comply with the volunteering procedure and the charity's values. I agree to GWAAC holding personal information about me in accordance with its privacy policy as summarised in the 'Protecting Your Personal Data' section <a href="here">here</a>. I understand that the charity works within the guidelines set by Equal Opportunity Policy and the Rehabilitation of Offenders Act and that GWAAC works with currently serving and ex-offenders. I confirm that the information given on this form is correct and complete. I understand that any information later discovered to be incorrect, may result in the termination of any arrangements made.

Signed Date