

Volunteer Application Form

Personal Information

Name Mobile

Permanent address

Email Postcode

Health Declaration

Do you have any health conditions or disabilities which we should be aware of? Yes No

If yes, please provide details:

Criminal Convictions (Rehabilitation of Offenders Act 1974)

Do you have any criminal convictions, or any pending convictions? Yes No

If yes please provide details:

Do you have a DBS certificate dated within the last 12 months? Yes No

Are you willing to have a new DBS check for this Yes No

A prior or pending criminal record will not automatically bar you from volunteering with GWAAC. Failure to disclose the information may result in termination of your volunteer position.

Experience

What is your main job title:

Who is your main employer/academic 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?

Fundraising

Events

Cheque Presentations

Public Speaking

Office Work

Bucket Collections

Collection Tins

Retail

Emergency Contact Details

Name

Mobile number

Relationship to you

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

Name

Email

Position

Organisation

Relationship to you

Reference 2

Name

Email

Position

Organisation

Relationship to you

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 [here](#). 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