A close up of a logo

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**VOLUNTEER APPLICATION FORM**

**Volunteer Role applied for: ………………………………………………………………..**

**Personal Details**

Name:

Address and postcode:

Telephone Number/Mobile:

Email Address:

Do you have a current DBS check in place?

If yes, what date?

Is this registered with the DBS Checking Service? Yes/No

**Relevant Experience/Personal Qualities applicable to this role:**

**Availability:**

Which days were you thinking of volunteering, for how long and how frequently?

|  |
| --- |
| **Medical Information and Consent (to be completed by Parent/Legal Guardian if under 18)** |

In case of emergency and as part of the **SUSAN’s FARM** responsibility to its volunteers, ALL volunteers are required to complete this medical information form as accurately as possible. Details will be held securely with access restricted to authorised officers only.

|  |  |  |
| --- | --- | --- |
| Next of kin: | Relationship: | Mobile phone: |
|  |  |  |
| Doctor’s name: | Surgery: | Doctor’s phone number: |
|  |  |  |
| Do you have any allergies, for example medication/food/animals | Yes/No  If Yes, please state details: | |
| Are you taking any regular medication? | Yes/No  If Yes, for what reason: | |
| Do you have any long-term illnesses or injuries? | Yes/No  If Yes, please state details: | |
| Please confirm you are able to supervise yourself and others  Please confirm that you have good social and interaction skills and can deal with potentially difficult/sensitive situations | Yes/No/Not Sure  Yes/No/Not Sure | |

DECLARATION: I consider myself to be physically and psychologically fit and capable of full participation and agree to notify **SUSAN’s FARM** of any changes to the medical information provided. Furthermore, in the event of injury I give my permission for the staff appointed by **SUSAN’s FARM** to obtain emergency medical treatment for me.

|  |  |
| --- | --- |
| Signed: | Date: |
|  |  |

**References:**

Please give names and addresses of 2 people (not relatives) who are willing to act as referees for you.

Name: Name:

Email: Email:

Address: Address:

Tel No: Tel No:

**You will not be able to commence volunteering until references are taken up and are satisfactory.**

**Please return completed form to info@susansfarm.co.uk or post for the attention The Admin Officer, Susan’s Farm, 145 Houghton Road N, Houghton, Cumbria, CA3 0LD**