Mary Carpenter House, Kingswood Foundation, Bristol, BS15 8DB

Tel: 0117 908 7712 e-mail: [coordinator@kinergy.org.uk](mailto:coordinator@kinergy.org.uk)

**APPLICATION FORM FOR VOLUNTEER RECEPTIONIST**

(CONFIDENTIAL WHEN COMPLETE)

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone Number |  |
| Email |  |
| D.O.B. |  |

###### Details of any relevant experience

###### (Including paid and unpaid employment)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates (from/to) | | Name and Address | Position Held | Relevant Experience |
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1. Please give your reasons for wanting to become a volunteer with Kinergy.

(Continue on separate sheet if necessary)

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|  |

1. What availability do you have?

(Please state how many hours per week you can do and when your availability is.)

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REFERENCES

Please give the names and addresses of two referees. These people should not be family members. References will not be taken up until a position has been offered.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Address |  | Address |  |
| Phone |  | Phone |  |
| Email |  | Email |  |
| Relationship to Applicant |  | Relationship to Applicant |  |

As the work will involve contact with vulnerable people, we are required to state that the position is exempt from the provisions of the Rehabilitation of Offenders Act and therefore, if successful a DBS will need to be completed.

I confirm that to the best of my knowledge, the information I have provided on the application from is true and correct.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please return this form to:

coordinator@kinergy.org.uk

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