

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with the British Lung Foundation. To apply for a volunteer role at the BLF:

* Please complete this form in full.
* Please send this completed form and your CV via email to [blf.volunteer@blf.org.uk](file:///C%3A%5CUsers%5Cabrook.BLF-UK%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CNEYZK2FI%5Cblf.volunteer%40blf.org.uk). Please note that CV’s in isolation and any applications received after the closing date will not be considered.

**Application for volunteering**

The information provided on this application form will remain private and confidential and will be used for the purpose of volunteer recruitment.

The British Lung Foundation complies with the codes of practice issued under the General Data Protection Regulations.

|  |
| --- |
|  |
|  |
| **Personal information (confidential)** |
| **Personal details** |
| Name: |  |
| Address: |  |
| Email: |  |
| Telephone Home: |  |
| Mobile: |  |
|  |  |
| **Emergency contact details** |
| Name: |  |
| Relationship to you: |  |
| Telephone Home: |  |
| Mobile: |  |
| Why did you choose to volunteer with the British Lung Foundation?  |
| What skills and experience do you have that would be relevant to the volunteering that you are applying for (this can include paid and unpaid work)? |
| **Other information** |
| Have you ever been convicted of a criminal offence? (please tick) | Yes |  | No |  |
| If yes, please give details. (Declarations are subject to the provisions of the Rehabilitation of Offenders Act 1974 as amended.) |

|  |
| --- |
| **Approximately how much time would you like to give each week?****Please indicate particular days or times** |
| Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
| Additional information: |

|  |  |
| --- | --- |
| **Health and Support** |  |
| Do you have a disability or health condition that we should be aware of so we can plan your work with you and ensure we know what to do in an emergency? (E.g. lung condition, epilepsy, back problems, asthma, allergies, etc.) | Yes |  | No |  |
| If yes, please provide details of any condition  |  |

|  |
| --- |
| **Referees** |
| Please supply the names and addresses of two referees who know you well. This may be a previous or current employer, neighbour, head teacher or a previous volunteering project. Please note that a referee cannot be a relative. |
| 1. Name: |  | 2. Name: |  |
| Address: |  | Address: |  |
| Tel no: |  | Tel no: |  |
| Email: |  | Email: |  |
| Occupation: |  | Occupation: |  |
|  |
| **Declaration** |
| In signing this form I understand and agree that data contained in this registration form will be used for volunteer registration purposes and will be held on a computer database. I also agree to the Foundation holding this form in paper format in a secure area.I confirm that the information I have given is true and that if any statements I have given are not true, or if I have missed out any important information, my volunteering placement could be stopped. I know of no reason why I should not be suitable to volunteer with the Foundation. |
| Signed: |  | Date: |  |