

## APPLICATION FORM FOR AMBASSADOR VOLUNTEERS

Date of application...................................

PERSONAL DETAILS (in block capitals please)

Last name Mr/Mrs/Miss/Ms

First name(s) 

Address 





Postcode Home Telephone Number

Mobile Telephone Number if have one



Person to Contact In Case of Emergency Telephone



### Given in strictest Confidence

If you have any illness or disability of which you would like us to be aware, please give details:



AVAILABILITY

Please tick to indicate when you are most likely to be available to volunteer.

Please give as many alternatives as possible. Flexible times can be arranged.

Mon Tues Wed Thurs Friday Saturday

AM \_\_\_\_\_\_\_



PM \_\_\_\_\_\_\_\_



VOLUNTEERING

##### Have you worked/volunteered in a charity environment? Which one?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to be a volunteer with Community Link Foundation?





What do think Community Link Foundation can offer you?



Rehabilitation of Offenders Act 1974

Do you have any previous convictions (including convictions which for other purposes would be classed as ‘spent’ under the terms of the Rehabilitation of Offenders Act?)?

YES NO (Please tick)

If YES please give details of offence(s) and sentence on a separate sheet, enclosed in an envelope marked ‘Confidential’ and addressed to The Director of Fundraising

REFEREES

Please give us the names and addresses of two people who can be asked to provide references (these can be a Dr./teacher/friend/employer),

Name Name

Address Address





Telephone No Telephone No

### PLEASE PROVIDE PROOF OF IDENTIFICATION with you application

e.g. photocopy of passport/driving license

### Please return this form to:

**Community Link Foundation|9b Hoghton Street| Heritage House| Southport| PR9 0TE**

**Registered Charity Number 1154506**

**Chairperson: Enda Rylands|** **erylands@clfoundation.co.uk/** **01704 531080**