



Volunteer Application Form

Personal Detail

Title	
First Name	
Last Name	
Date of Birth	
<input type="checkbox"/> If you are under 18 please tick this box.	
Address	
Mobile Number	
Email Address	

Volunteer Detail

Volunteering role				
<input type="checkbox"/> Circus Class Assistant		<input type="checkbox"/> Circus Events Assistant		
Where did you hear about our volunteering opportunities?				
<input type="checkbox"/> Website	<input type="checkbox"/> Social Media	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Volunteer Bureau	<input type="checkbox"/> Other:

Availability (Please specify your preferred availability.)							
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why would you like to volunteer with us?

Do you have any skills/interests that you would like us to know about?

What do you wish to gain from volunteering with us?

* We appreciate creative responses in various formats, such as videos or pictures, for the three questions

Health and Safety

Do you have a disability or health issues (including pregnancy) which you would like us to take into account? (If yes, please give details below)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes:
Please provide us with an emergency contact name and number for someone we can get in touch with in case of an unlikely emergency when you are on-site at the organization. (This will be treated confidentially and will be stored securely, and the emergency contact will only be contacted for that purpose.)	
Name	
Relationship	
Email Address	
Mobile Number	

References

Please give details of two referees, unrelated to you, who would give you a personal or professional reference. One reference should come from a formal setting, e.g. work, study, voluntary work; one from personal or less formal individuals, e.g. a friend or neighbour who has known you for some time. (If you have difficulty providing references, please contact us)			
Title		Title	
Name		Name	
Email		Email	
Mobile Number		Mobile Number	
Relationship		Relationship	

Disclosure

Under the rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions? (Having a conviction will not necessarily stop you from volunteering, but it will need to be taken into consideration when assessing your suitability.)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes (If you have ticked yes, write details on a separate sheet and attach to this form.)
Some volunteering roles with Think Circus will require a Disclosure Scotland or Protection of Vulnerable Groups (PVG) check. Are you currently a member of the PVG Scheme?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes

Declaration

I declare that the information I have given is true to the best of my knowledge.			
Signature		Date	
If the application is for a child under 16 years, we require the form to be countersigned by a parent/guardian.			
Signature		Date	
If this form is emailed, it will be required to be signed at any subsequent interview. Please return the completed form to: anran@thinkcircus.co.uk The details provided in this form will aid us in evaluating your suitability for a volunteer role. This information will remain confidential and will only be accessible to personnel engaged in the selection process. Your data will be stored securely, and any application forms that are not successful will be retained for a maximum of 2 years starting from the date of submission.			