

Please complete ALL sections of this form.

NAME	DATE OF BIRTH: (Applicants must be 16 or over)
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ADDRESS:

POSTCODE:

TEL NO (day):	TEL NO (evening):
MOBILE NO:	EMAIL:

Present Occupation:

Tell us about any employment/volunteer experience you may have:

Do you have any special skills or hobbies? Give details here:

Tick any of these volunteering roles you would be interested in:

Leafleting	<input type="checkbox"/>
Event organisation and running	<input type="checkbox"/>
Fundraising and collecting	<input type="checkbox"/>
Market research and surveys	<input type="checkbox"/>

Trialling new safety devices	<input type="checkbox"/>
Administration	<input type="checkbox"/>
Workshops and presentations	<input type="checkbox"/>
All	<input type="checkbox"/>

Other Ideas: (please list)

Now let us know if there are any days, dates and times which you are available:

Do you hold a Full UK driving licence?

YES / NO

Do you have your own transport/vehicle?

YES / NO

Emergency Contact
 Name:
 Tel No:
 Relationship:

Do you have any medical condition that you feel we should be made aware of?

Please give us details of two referees who are not family members:	
Name:	Name:
Relationship to applicant:	Relationship to applicant
Address:	Address:
Tel No:	Tel No:

DETAILS OF CRIMINAL CONVICTIONS

Some of the volunteering work you may be involved with means that, under the Rehabilitation of Offenders Act (1974), you must declare all convictions whether unspent or not. A conviction does not necessarily mean that you cannot volunteer for us, but we do need to know.

Have you ever been convicted of a criminal offence? Yes/No
Have you ever received a formal police caution? Yes/No
Are there any matters pending which may result in a criminal conviction? Yes/No

If you have answered 'yes' to any of the above questions, please give details in the space below:

If it becomes necessary, do you give us permission to carry out CRB (Criminal Records Bureau) checks? Yes/No

I agree that any offer of volunteering with The Lucie Blackman Trust is subject to satisfactory references.

In accordance with the 1998 Data Protection Act, I agree that The Lucie Blackman Trust may hold and use personal information about me. This information, including that contained on this form, can be stored on both manual and computer files. It will be held securely and only used by authorised personnel.

I confirm that the information I have given is accurate.

Signed:

Please sign and return your completed form, along with a passport sized photo, to:

Operations Manager
The Lucie Blackman Trust
14 Belvedere Street
Ryde
Isle Of Wight
PO33 2ER

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