

ETHNIC HEALTH FORUM

Please Note: Volunteers must be 18 or over

First Name: Last Name:

Sex: Male Female

Address:

Postal Code: Tel:

Mobile: E-Mail:

Emergency Contact Details:

First Name: Last Name:

Relationship to you:

Address:

Postal Code: Tel:

Mobile: E-Mail:

Computing Experience:

Your computing and any relevant experience that might be an advantage?

Community Work Experience:

Any experience paid or voluntary undertaken with any organisation?

Any Other relevant Work Experience

Any further experience that might be an advantage?

Willing to undergo training?

Yes

No

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Transport Details:

Driving Licence: (please tick) Yes No

Car Owner: Yes No

Will Travel: (Round trip expenses reimbursed)

Note: Currently the mileage rate is 30p per mile. The rate is revised by the management group.

No 1-10 miles 11-20 miles 21-40 miles 41-60 miles 61-100 miles Unlimited

Reference:

Please provide names and addresses of character referee (not related to yourself)

Name:

Address:

Postal Code:

Tel:

E.mail:

Convictions:

Any Convictions (please include any motoring):

Because of the nature of the type of work, you are required by the Rehabilitation of Offenders Act 1974, to declare all convictions, including spent convictions. If this applies to you, please give details here (having a conviction will not necessarily prevent you becoming a volunteer).

Signed:

Date: