

 **VOLUNTEER APPLICATION FORM**

**Thank you for offering to become part of our volunteering team, we are appreciative of your support.**

**Please note that Isle Access is committed to safeguarding vulnerable people. All volunteer roles will be subject to Disclosure and Barring Service Check**

Name……………………………………………………………………………………………

Address …………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

Postcode………………………………………………………………………………………

Phone……………………………………………………………………………………………

Mobile…………………………………………………………………………………………

Email……………………………………………………………………………………………

|  |
| --- |
| **Please describe your experience as a volunteer** |
| **Please describe your experience gained from work** |
| **Please tell us why you would like to volunteer with Isle Access** |
| **Do you have any Criminal Convictions** (other than minor driving offences)? Yes / NoIf yes, please state date and nature of conviction |
| **Approximately how much time would you like to give each week/month?** Please indicate particular days or times. |

**Please give the name, role (if applicable) and address of two referees who have known for a minimum of two years. They must not be people related to you**

|  |  |
| --- | --- |
| Name | Name |
| Role (if applicable) | Role (if applicable) |
| AddressPostcodeTel:Email | AddressPostcodeTel:Email |

Signed…………………………………………………………………………………………

Dated……………………………………………………………………………………………

**Submitting your application**

Please submit your form, together with your CV, by email to cyclingadmin@IsleAccess.co.uk or by post to:

The Island Riding Centre

Staplers Road

Newport

PO30 2NB