## Chopsticks (North Yorkshire) Limited

## **VOLUNTEER APPLICATION FORM**

The following information will be kept strictly confidential.

First Name:	Surname:			
Address:	Postcode:			
Home No:	Mobile No:			
Business No:	E-Mail:			
Date of Birth:				
Emergency Contact:	Relationship to you:			
Their Home No:	Their Mobile No:			
Please indicate which role(s) you are interested				
Description of Role	Tick if int	erestea.		
Workshop – packing kindling, using machin bagging, stacking, and moving bags of kind involved).	• • • •			
Fundraising activities – may include handing out leaflets,				
researching and requesting donations or wee	kend events.			
Event co-ordination and assistance – may i	nclude setting up			
events or running fund-raising stands.				
Arts and Crafts class helper – assisting to r	un arts and crafts			
classes, including doing glass art projects.				
Garden maintenance – grass cutting, weeding	g, and planting.			
Working in ChopShed – assembly of garden v	vare furniture and			
upcycling items.				
Please give details of any particular skills/abili the times/days that you are available:	ties you can bring to the voluntee	ering role and		
Do you have any medical conditions which ma (If yes please give details below)	y affect your volunteering?	Yes/No		

Do you have a current full driving licence	Yes/No				
Do you have use of a vehicle?	Yes/No				
Do you need information to be provided in a different way in order for it to be more access to you?					
(If yes, please give details below)					
Please provide details of two people who not related to you that we may ask for a	· · · · · · · · · · · · · · · · · · ·	t two years and who are			
Name:	Name:				
Address:	Address:				
Post Code:		Post Code:			
E-Mail:		E-Mail:			
Tel No:	Tel No:				
Relationship of referee to you:	Relationship of refere	ee to you:			
I understand that should Chopsticks (No	•	ide not to take me as a			
volunteer that decision is final and no ex	olanation need be given.				
I understand that volunteer positions car	be subject to Disclosure an	d Barring Checks.			
Signature:	Date:				

Please return this form to the General Manager Administration and Finance, Chopsticks (North Yorkshire) Limited, Endeavour House, Thurston Road, Northallerton DL6 2NA

Any queries please call 01609 761 661.

Website: www.chopsticksnorthyorkshire.co.uk