**GROW Wellbeing C.I.C.**

**Volunteer Application Form**

|  |  |
| --- | --- |
| Full name |  |
| Address |  |
|  |  |
| Postcode |  |
| Date of Birth |  |
| Email address |  |
| Telephone/ Mobile |  |

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| --- |
| **Education (most recent first)****Please include educational institutions attended and qualifications gained** |
| **Dates** | **School/ College/ University** | **Qualifications gained** |
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| **Employment or Voluntary work (most recent first)****Please include Employer name and Job role** |
| **Dates** | **Employer** | **Job role** |
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| **Please read about the ethos of GROW Wellbeing CIC.** **Why would you like to volunteer with GROW? (continue on next page if req’d)** |
|  |

**Referees**

|  |  |
| --- | --- |
| **First Referee Name** |  |
| **Address** |  |
|  |  |
| **Email**  |  |
| **phone** |  |
| **What is your relationship to the referee?** |  |

|  |  |
| --- | --- |
| **Second Referee Name** |  |
| **Address** |  |
|  |  |
| **Email**  |  |
| **phone** |  |
| **What is your relationship to the referee?** |  |

|  |  |
| --- | --- |
| **Do you have a current valid registered DBS certificate?** | **YES / NO** |
| **If YES, what is the Certificate Number?** |  |
| **If YES, Are you registered with the update service?** |  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Date** |  |

**Please return this completed form to:** duane@grow-wellbeing.com

Duane Chong, Programme Director, GROW-Wellbeing CIC