

CentreStage Volunteer Application

Name:		Surname:
Any previous (and/or alternative) ı you have been known:	names by which	
you have been known.		
Address:		
How long have you lived at the a	above address?	
If less than 12 months, please giv	e your previous a	address (including postcode):
How long did you live there?		
Mobile Telephone No:		Telephone No:
Email Address:		Date of Birth:
Please state your preferred meth	nod of contact	
Do you have any allergy or med	ical	
requirements?		
Under 18's Additional Information	 າ	
Name of parent or guardian		
Parental Consent Signature I hereby consent to medical attention to be sought in the event of an emergency.		
Emergency Contact No		
Emergency Contact Email		



When are you available across the week to volunteer with us? Please share relevant times.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Your present or most recent employment/voluntary work (If necessary, use a separate sheet)

Name of organisation:
Address of organisation:
Summary of role and responsibilities:
Please give reason for leaving:
Please give details of any relevant qualifications, training and/or personal qualities which you feel equip you to Volunteer at CentreStage.



Please explain why CentreStage is your charity of choice to offer your time. What would you like to bring to the table to help our organization?

References – Please give the name and contact details of two suitable referees. At least one should have knowledge of any previous work you may have undertaken with protected adults.

Name:	Name:
Organisation (where applicable)	Organisation (where applicable)
Address (including postcode):	Address (including postcode):
Telephone No:	Telephone No:
In what capacity do you know this person (friend, colleague, etc)?	In what capacity do you know this person (friend, colleague, etc)?



SECTION F: Vetting Procedures

This post will require completion of a Self-Declaration Form and the appropriate level of PVG Disclosure Record. Disclosure checks will only be requested for those applicants that we wish to appoint.

(i)	Self-Declaration Form: Please confirm that you have completed the Self Declaration form and returned it to us in a sealed envelope clearly marked "Self-Declaration Form". This Self Declaration Form will only be opened in the event of you being considered for an interview.
	Please Tick
(ii)	Disclosure Record: Please confirm that you understand and agree to a disclosure record should we wish to appoint you to a post considered to be regulated work.
	Please Tick
SECT	ION G: Declaration
l conf	firm that the information I have given in this form is accurate and truthful.
Signe	edDate
Thank below:	you for completing this application form. Please return it to the name and address given
	reer Leader, CentreStage 15 Elmbank Drive Kilmarnock KA1 3AE or email to centrestagemt.org.uk
The inf	formation you give us in this form will be treated in the strictest confidence
PVG So PVG Re Disclos Date o Invite f	egistration Number: sure No: of issue: for interview yes or no. if yes, when
Reasor	ns for either decision: