Volunteer Application Form

# Contact details:

Full name:

Contact number:

Address:

Email:

Please tick to confirm you are 18 years old or over: 

# Volunteer role applying for:

**About you:**

1. Why are you interested in volunteering with the Boaz Trust?
2. What do you feel you have to offer the Boaz Trust and this particular role?
3. How did you hear about us?

Do you require us to make any reasonable adjustments to enable you to attend any meetings to discuss the role, and enable you to fulfil the role? Yes  No 

If yes, please give details:

# References:

Please give names and contact details (email preferable) for 2 people who can act as referees for you, who have known you for more than 2 years and aren’t related to you or your partner.

NB. Your completion of this section is seen as confirmation that you have permission from your referees to share their contact details with us. We will only use this information for the specific purpose you have provided it for and will retain it for no longer than needed to fulfil our legitimate interests.

***Referee 1:***

Full name:

Contact number:

Address:

Email:

In what capacity do they know you?

***Referee 2:***

Full name:

Contact number:

Address:

Email:

In what capacity do they know you?

We take our commitment to responsible data handling very seriously and operate in line with the latest data protection law. You can find full details of how we comply in our **Volunteer Privacy Notice** and our **Privacy Policy**. Both can be found on our website or by emailing [privacy@boaztrust.org.uk](mailto:privacy@boaztrust.org.uk).

By signing this form you confirm that you have understood our commitments to you and consent to us holding and using data on any disabilities. We will use this solely to make any reasonable adjustments needed and ensure we are supporting you appropriately. You can withdraw this consent at any time and we will delete the data.

Signed:

Date:

# Thank you – we will be in touch!