

The Keppleway Project  
Registered Charity No 1015762

Volunteer/Work Experience Application Form

Mr / Mrs / Miss / Ms	Surname:	First Name:
Address:		
Postcode:		
Tel No:	Email:	
<b>If you are wanting work experience</b> – Your School/Organisation Address:		
Postcode:		
Tel No:	Email:	
<b>If you are wanting work experience</b> – The person responsible for work experience in your school/organisation:		
Next of Kin (please state the nature of your relationship):		
Tel No:		
Age – if student under 18:	Do you hold a full driving licence?	Y / N
Please tell us a little bit about yourself and why you would like to volunteer/do work experience at Keppleway (please use a separate sheet if necessary)		
<b>If you are wanting to be an adult volunteer</b> – Please list any professional qualifications or skills you may have (please use a separate sheet if necessary).		
How did you hear about The Keppleway Project?		

**If you would like to volunteer – When would you like to volunteer?**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							
Overnight							

**If you would like to volunteer for a specific amount of time – Please state below (ie a week, a month etc) with the dates you would prefer.**

**If you are wanting work experience – Please state below the dates you would like to come on work experience.**

Do you require accommodation during your volunteering/work experience?      Y / N

**If you are wanting to volunteer – Please give the names of two referees:**

**If you are wanting work experience – A letter from your school or organisation will be sufficient:**

Name	Name
Address	Address
Post Code	Post Code
Tel No:	Tel No:
Email:	Email:

For Office Use Only:

Date letter & info sent:	Date applic form rec:	
If application refused please state why		
Date ref sent:	Date ref 1 rec:	Date ref 2 rec:
Date of interview:	Interviewed By:	
Start Date:	Confirmed started vol:	
Area of work and any other comments		