



## Volunteer Application Form

*Thank you for your interest in volunteering for Cornwall Air Ambulance Trust. Please fill in the form below and return to **Volunteering, Cornwall Air Ambulance Trust, Trevithick Downs, Newquay, Cornwall, TR8 4DY.** Alternatively you can apply online at [www.cornwallairambulancetrust.org/volunteer](http://www.cornwallairambulancetrust.org/volunteer)*

**Name:** .....

**Address:** .....

..... **Postcode** .....

**Telephone:** ..... **Email Address:** .....

**How would you prefer to be contacted?**       Phone       Email       Post

**I am interested in:** (please tick as many as you like!)

- Charity jar collecting
- Steward/information point at events
- Cheque presentation speaker
- Volunteering in the Charity HQ office
- Being an ambassador in my community/company
- Other (please specify) .....

**Volunteering at a shop (please circle from below):**

- |          |            |
|----------|------------|
| Penzance | Truro      |
| Saltash  | Wadebridge |
| Helston  | St Austell |
| Camborne | Newquay    |

**On Which Days Would You Like To Volunteer?**

- Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

**Please add any other useful information about when you would like to volunteer:**

.....

.....

**Do you have any skills you feel may be useful to us?**

.....

.....

**Have you volunteered for a charity before? If so, please give information below**

Name of charity: .....

Dates you volunteered: .....

What volunteering did you do? .....

**Do you have any special needs or requirements to help you volunteer for this charity?**

**Please give details of two referees (N.B. Cannot be relatives or current Cornwall Air Ambulance volunteers)**

**Referee 1**

Name: .....

Address: .....

Postcode.....

Telephone: .....

Relationship to you: .....

**Referee 2**

Name: .....

Address: .....

Postcode.....

Telephone: .....

Relationship to you: .....

**Do you have you any unspent convictions? Yes/No If yes details: .....**

**Where did you hear about volunteering for Cornwall Air Ambulance?**

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Website  | <input type="checkbox"/> Word of Mouth  | <input type="checkbox"/> Other (Please state): .....           |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Poster in shop | <input type="checkbox"/> Newspaper (Please state which): ..... |

**Would you like to receive our free quarterly newsletter?**

- |                                       |                                      |                             |
|---------------------------------------|--------------------------------------|-----------------------------|
| <input type="checkbox"/> Yes by email | <input type="checkbox"/> Yes by post | <input type="checkbox"/> No |
|---------------------------------------|--------------------------------------|-----------------------------|

Please return this form to **Volunteering, Cornwall Air Ambulance Trust, Trevithick Downs, Newquay, TR8 4DY.**  
We will then contact you to arrange a suitable time for you to attend an informal interview and induction.

I consent to Cornwall Air Ambulance Trust holding and using my personal data in connection with volunteering.

..... (Signed) ...../...../..... (Date)