



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

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):

- | | |
|----------|------------|
| 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)