

Volunteer Application Form –BAY-VIBES Personal Contact Details. Date: ____/____/____

Name: _____

Residential

Address: _____

Postal Address: _____

Home Phone Number: (____) _____

Mobile Phone Number: _____

Work Phone Number: _____

Fax Number: _____

Email Address: _____

Preferred Method of Contact: _____

BAY-VIBES is committed to protecting your privacy and communicating with you about how we use information collected by us. To learn more about our privacy policy you can request a copy by email at; bayvibes.co.uk, or from our website; bayvibes.co.uk

Personal Details

Given Name: _____

Family Name: _____

Age: <under 18 18-25 -25-35 -35-45 -45-55 -55 +

Gender: Male Female

Ethnicity: (How would you consider your background?) _____

Languages Spoken: _____

date of Birth ____/____/____ Required

Current Occupation:

Work Study Home Duties Retired Occupation Details: Full Time Part Time

Details: _____

Do you have any health issues that may affect the type of volunteering work you do? No Yes

Do you have any special needs issues that may affect the type of volunteering work you do? No Yes

BAY-VIBES is committed in its role to ensure all citizens, irrespective of ethnicity, nationality, race, language, gender, sexuality, religion, age, physical or mental ability, occupation, cultural belief or political affiliation can access and participate in all aspects of station operations.

Other Helpful Information

- I would like to assist in fund raising
- I would like to assist in publicity and promotions
- I can offer computer and office skills
- I can offer technical skills
- I can help with housekeeping duties
- I can help with maintenance/building skills
- I can help with training
- Other

I am available at on these days: _____

I am available at these times: _____

Have you done other voluntary work? No Yes _____

Do you have any hobbies and interests? No Yes _____

Where did you hear about BAY-VIBES volunteer opportunities?

For Your Information: by signing this form I declare the information to be true and accurate. I understand that submitting this application form does not automatically register me a volunteer with BAY-VIBES. I understand I will be notified of my application result by my preferred method of contact after consideration by the management Applicant's full name (please print): _____

Applicant signature: _____

Date: ____/____/____

Parent/Guardian signature (if applicant is under 18 years of age): _____ Date: ____/____/____

BAY-VIBES relies on the efforts of volunteers to assist with maintaining operations and community based objectives. We are committed to notifying volunteers of their right and responsibilities. To learn more about our Volunteer Rights and Responsibilities Policy, you can request a copy by email at; bayvibes.co.uk; or from our website; www.bayvibes.co.uk
Note: A copy of this completed document will be held on record at the BAY-VIBES office until requested otherwise by the applicant.

Please send the form to: bayvibes@mail.com