

VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering to work with Nidderdale Plus working alongside Library, and TIC. We have been operating from our new offices since September 2015 and we are enjoying considerable success. We have a great team of volunteers but due to our success, we are looking to recruit more people to help spread the workload. Full training will be given.

We will try to match your interests and experience as closely as possible to the voluntary work available. This enables us to find work to which you will be suited and which you will enjoy. We would therefore be grateful if you could answer the following

1.	Are you curr voluntary o	YES/NO						
	(if yes, pleas	se speci	΄fy)					
2.		lease list any hobbies, interests, specific skills, work experience you have that ou wish to bring to your volunteering:						
	How would you rate your local knowledge of Nidderdale? GOOD/AVERAGE/POOR Times you are normally available: (<i>Please tick</i>)							
		Mon	Tue	Wed	Thu	Fri	Sat	Sun
10am – 1pm								
1pm - 4pm							Χ	X
4-6pm			X	X	X	X	X	X
5.	Times you a	are defir	nitely no t	t availabl	e: (<i>Pleas</i> e	e tick)		
		Mon	Tue	Wed	Thu	Fri	Sat	Sun
10am – 1pm								
1pm – 4pm							Χ	X
4-6	pm		X	X	X	X	X	X
Any other comments about your availability?								

. Are you able to be available (generally) on a weekly or fortnightly basis?							
Weekly	YES/NO	Fortnightly	YES/NO				
(eg. Bad back; heart tro	uble; diabetes; epil	cal information we should lepsy; mobility/standing pr	roblems etc?)				
• • •	•	k as many of the following night be interested in in th	•				
Which of the following would you find interesting?							
Tourist & local inform Admin/reception/second	retarial	Helping with displays Library – general Library (IT support) Library (children's story-	etime)				
9. References							
Please give the name an required, to give you a re	•	someone who would be wonder of your family).	willing, if				
NAME:							
TELEPHONE:							
Full training will be given for all services available, attendance/completion of this training will be required by all volunteers.							
Training will be arranged possible	l to suit individuals	as soon after receipt of ap	oplication as				
Please indicate if you would be willing to do this training: YES/NO							
Any additional comment regarding training and your availability:							

Your details:						
SURNAMEMR/MRS/MISS/MS						
FIRST NAME						
ADDRESS						
	POST CODE					
HOME TELEPHONE WORK						
E MAILD.O.B						
The information given on this form is true and correct to the best of my knowledge and belief.						
SIGNED						
DATE						
Please return to	Nidderdale Plus, Station Square, King Street Pateley Bridge HG3 5AT Telephone: 01423 714953 E-mail: admin@nidderdaleplus.org.uk					

We wish to inform you that we are registered under the Data Protection Act 1984. Information given on this application form may be recorded on our database. Please state if there are any details you do not wish to be recorded in this way.

Thank you for your interest. If you would like to talk to anyone about this volunteering opportunity, please contact Sandra Walker at Nidderdale Plus – 01423 714953.