

# Volunteer

## Application

### Form



Thank you for your interest in volunteering for our charity. Please complete this form and return to the volunteer team at [contact@LesHoeyMBEDreamMakerFoundation.org](mailto:contact@LesHoeyMBEDreamMakerFoundation.org).

The information you provide is strictly confidential. We welcome applications from people of all abilities, backgrounds and communities. The Les Hoey MBE DreamMaker Foundation abides by the Data Protection Act 1998 and operates an Equal Opportunities Policy.

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#### Personal Details:

Title (Mr/Mrs/Miss/Ms etc)  Forename:

Surname:

Address:

Post Code

Tel (Day):  Evening:

Email:  Date of Birth:

#### Health:

Are you registered Disabled? (This will not affect your application)

YES

NO

If Yes, please provide details

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#### Your Volunteer Role:

When are you available to volunteer?

Daytime

Evenings

Weekends

Varies

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**What are your skills?**

**What can you bring to our Charity?**

**Can you drive?**

YES

NO

**Criminal Convictions:**

Do you have any criminal convictions or any pending? YES  NO

If yes, please give details. A prior or pending criminal conviction may not prevent you from volunteering with the charity, but failure to disclose relevant information will result in immediate dismissal. This information will be kept in the strictest confidence.

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**Personal Declaration:**

Les Hoey MBE DreamMaker Foundation, 3A Stewarton Street, Wishaw, ML2 8AA  
Telephone: 01698 372052 Email: [Contact@LesHoeyMBEDreamMakerFoundation.org](mailto:Contact@LesHoeyMBEDreamMakerFoundation.org)  
Charity Registration Number (Scotland) SC045098 Rev 03/21

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I hereby apply to become a volunteer with the Les Hoey MBE DreamMaker Foundation. I also agree to abide by all of the charity's policies and guidelines and understand that I have a responsibility for my own and others' Health & Safety while volunteering with the charity. If accepted, I will abide by the principles of volunteering outlined in the charity's Volunteering Policy. I agree that Les Hoey MBE DreamMaker Foundation may hold and use the data in this form for the purposes of administering and supervising my work with the charity and that such data may be available to those who reasonably need to know the same within the charity. *I understand that particular roles involve volunteering with vulnerable young people and that due to this a Disclosure Check will be completed before I undertake the proposed role\*.*

Signature of Volunteer Applicant:

Print Name:

Date:

*\*The charity may only complete a Disclosure Check on an individual with their consent and knowledge. An individual in signing above hereby consents to this. If you do not agree to a Disclosure Check being carried out then please **DO NOT** sign this document. Due to the nature of the Charity we would unfortunately be unable to consider your application without a signature.*

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### **To be completed by Les Hoey MBE DreamMaker Foundation:**

I confirm that I have accepted the above person as a volunteer on behalf of the Les Hoey MBE DreamMaker Foundation.

Name:

Job Title:

Form complete and signed by volunteer:

Disclosure Check required?

Disclosure Check completed and approved?

If volunteer not accepted please give details below: