

Volunteering at The Forum Interest Form



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Contact Made

(/ /)

Date Inducted

1. Your Information

Name		Date of Birth	
Address:		Home Phone:	
Postcode:		Date form completed:	
Email:		Mobile:	

2. What kind of role would you like to take on? Please tick below	Have experience	Would like to try	Maybe	Not Interested
Front of House/Event Stewards				
Bar Work (over 18 only)				
Cinema Projectionist				
Reception Duties/Box Office				
Publicity & Marketing				
Publicity Distribution and Delivery				
Technical - sound/lighting/AV				
Maintenance/Painting etc				
Admin/Office Work				

3. Which days would you be available? (please list specific times if necessary)	Mon	Tues	Weds	Thur	Fri	Sat	Sun
10-12							
12-2							
2-4							
Evening							

4. Do you have a disability?	Yes	No
Would you be happy supporting volunteers with a disability?	Yes	No

5. Please give a contact name and details in the event of emergency.

Name: _____

Phone: _____

Relationship: _____

6. Are you a qualified 1st Aider?
Yes No

Have you had training/experience of 1st Aid?
Yes No

If yes, how long ago?

7. Are you CRB checked?
Yes No

If yes Standard
Enhanced

8. Do you have any medical conditions of which we should be aware (this is to enable us to take appropriate action if needed)?

Do you have any of the following skills and experience? (this helps us to match volunteers to tasks)

<input type="checkbox"/> IT Skills	<input type="checkbox"/> Publicity Design	<input type="checkbox"/> Other useful skills (Please Specify)
<input type="checkbox"/> Office Work	<input type="checkbox"/> Photography	
<input type="checkbox"/> Event Stewarding	<input type="checkbox"/> Driving	
<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Leaflet Distribution	
<input type="checkbox"/> Health & Hygiene	<input type="checkbox"/> Arts & Crafts	
<input type="checkbox"/> First Aid (cert)	<input type="checkbox"/> Dance & Drama	
<input type="checkbox"/> Working with Children and Young People	<input type="checkbox"/> Music/Musician	
<input type="checkbox"/> Writing (Marketing)	<input type="checkbox"/> Sound	
	<input type="checkbox"/> Lighting	

References: Please give the names and contact details of two people who have known you well for at least two years (e.g. employer, volunteer manager, neighbour).

1. Name.....Tel/email/address.....

.....

Relationship to you:

2. Name.....Tel/email/address.....

Relationship to you:

Is there anything else we need to be made aware of?

Would you like to be added to a mailing list to receive more information about what's going on at The Forum? – <i>Please tick</i> (Your information will not be passed on to anyone else)	Yes	
	No	

Thank you for completing this questionnaire

Please return to

The Forum, Bullamoor Road, Northallerton, DL6 1LP

You can find out more by speaking to the **General Manager on 01609 776230**

Office:	Role:	Started:
Date Received:	On Vol Database:	
Date Shadowing:	On Mailchimp list:	
Induction:		