



Positive Health (Lincolnshire)

25 Newland, Lincoln LN1 1XP

Telephone: 01522 513999

Fax: 01522 514740

VOLUNTEER APPLICATION FORM

DEPARTMENT APPLIED FOR

We recommend that you read the application form and accompanying information before beginning to complete your answers. Please write clearly using black ink or type. If you run out of space, continue on a separate sheet headed with your name. Write "continued" after any answers that are incomplete. All successful applications will be subject to an enhanced disclosure check by the Criminal Records Bureau.

First Name.....Last Name.....

Address.....

.....

Post Code.....

Telephone number on which you can be contacted:

Home.....Work.....Other (specify).....

Please give details of your education and qualifications obtained:

School, College, University	Qualifications Obtained	Year

Do you have a health condition or recurring illness that could affect your ability to perform the duties of this post? **YES NO**

If yes please give details below (You will not be excluded from recruitment because of this as we will endeavour to make reasonable adjustments to working conditions to enable you to fulfil the requirements of the post.

Please give the names and addresses of 2 people who can comment on your suitability for the post applied for by supplying a reference for you. One of these must be your current or last employer. Referees can be contacted before interview Yes No.

Name of referee	Relationship to the applicant	Address inc. phone/fax/email
1.		
2.		

DECLARATION: I declare that the above statements are true and correct and understand that any wilful misrepresentation will invalidate my application and any offer of volunteer work resulting from it.

Signed.....Date.....

Charity Registration Number 1091677 A Company Incorporated in Uk
Company Number 4176976
A List of Directors is available on request

Please tell us why you have chosen to apply for volunteer work. Thank You.