

**Fundraising Volunteer Application Form**

Please complete ALL sections of this form carefully

**Personal Details**

Please use **BLOCK CAPITALS** when completing this form.

|  |  |
| --- | --- |
| First Name: |  |
| Surname: |  |
| Preferred Name: (e.g. Tim or Timothy) |  |

|  |  |  |
| --- | --- | --- |
| Address: |  | |
| Postcode: |  | |
| Telephone Number (including area code): | |  |
| Mobile Number: | |  |
| Email Address: | |  |

**Role Matching Information**

|  |  |
| --- | --- |
| Areas of interest: | Please tick those that you have a preference for |
| Fundraiser: | Helping at events:  Cheer people on:  Give out leaflets:  Give People Certificates:  Organise own fundraising event: |
| Stoll Ambassador: | Representing Stoll at events:  Promoting Stoll through local & social media: |
| Place collection boxes: | Local businesses:  Your place of work: |
| Charity Collection: | Supermarkets:  Underground/Train Stations:  Don’t mind: |
| Stoll Fundraising: | Will provide you with training, support and pay your volunteer expenses in line with the Volunteer Expenses Procedure on production of a valid VAT receipt. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Days available to volunteer: | Mon | Tues | | Wed | Thurs | | Fri | Sat | | Sun |
| Time available to volunteer: | AM | | PM | | | Evening | | | All Day | |
| On an ad hoc basis | As and when events take place: | | | | | | | | | |

General Health

|  |
| --- |
| Is there any medical information which may be helpful for us to know in relation to your application? |
| Is there any special help that you might require to support your volunteering? |

Next Of Kin (For Contact In An Emergency)

|  |  |
| --- | --- |
| Mr/Mrs/Miss/Ms/Other |  |
| First Name: |  |
| Surname: |  |
| Address & Postcode: |  |
| Contact No. (including area code): |  |
| Relationship to you: |  |

Referee

Please give the name and address of one person from whom a reference may be sought concerning your application.

|  |  |
| --- | --- |
| Name: |  |
| Address & Postcode: |  |
| Contact No (including area code): |  |
| Email (where applicable): |  |
| Relationship: |  |
| Length of time known by you: |  |

Do you have any criminal convictions that are not considered spent under the Rehabilitation of Offenders Act 1974? Yes  No

Communication

Would you like to receive Stoll’s quarterly news letter?: Yes  No:

Would you like to receive information about taking part in Stoll’s fundraising events?: Yes:  No:

I understand that all information given to Stoll will remain confidential.

Data Protection and Confidentiality Statement

I confirm that the personal information supplied is accurate. I am willing to abide by the rules and uphold the ethos of Stoll. I agree that my personal information can be processed and stored under the provisions of the Data Protection Act 1998 and I agree also that I may be contacted by the charity in writing or by telephone or email.

|  |  |  |
| --- | --- | --- |
| Full name |  | |
| Signed: |  | Date: |

Please return to:

Community & Events Manager

Stoll

446 Fulham Road

London

SW6 1DT

**Thank you for taking the time to complete this volunteer application form.**