

**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.**