**Application Form**

 **Please return this Application Form to:**
Private & Confidential, Volunteer Coordinator, The Chapter Office, 19a The Close
Lichfield, WS13 7LD or email: volunteers@lichfield-cathedral.org

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| **Role applied for:** **How did you hear of this opportunity?** **How much time and on what days would you be available to volunteer?**  |
| **SECTION 1 – PERSONAL DETAILS** |
| Name and Title:Date of birth (if under 18): | Tel No – Home:   Mobile: |
| Address:Postcode:  | Email: Are you happy to be contacted by email rather than by post? **YES/NO** |
| **SECTION 2 – PREVIOUS ADDRESS IF LESS THAN 12 MONTHS AT CURRENT ADDRESS** |
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| **SECTION 3 – PRESENT OR MOST RECENT EMPLOYMENT (if within the last 5 yrs)** |
| Name of present (most recent) employer:  | Address: |
| Tel No:  | Title of Post:  |
| Date started:  | Date of Leaving:  |
| Description of duties: |
| **SECTION 4 – REASONS FOR APPLYING FOR A VOLUNTEER ROLE** |
| What do you hope to gain from volunteering at Lichfield Cathedral? |
| **SECTION 5 – DETAILS OF ANY SKILLS, ABILITIES OR EXPERIENCE** |
| Please provide any information as to skills, qualifications or experience (voluntary or paid) that make you particularly suited to the role, providing examples where possible. Please continue on a separate sheet if necessary. |
| **SECTION 6 - REFERENCES** |
| Please provide the names and addresses of two people who have known you for at least two years. One referee should preferably be your current or most recent employer.  |
| Please confirm whether we are able to contact your referees at this stage:First referee **YES/NO** Second referee **YES/NO**  |
| **First referee**Name: Address: Email: Tel No: Capacity:  | **Second referee**Name: Address: Email: Tel No: Capacity:  |
| **SECTION 7 - DECLARATION** |
| By signing and returning this application form, I consent to Lichfield Cathedral obtaining, keeping, using and producing information relating to my application in line with the requirements of the Data Protection Act 1998. I confirm that the information given on this form is, to the best of my knowledge, true and complete.  Signed: Date:  |