**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: | | |