**Enact Volunteer Application Form**  **Logo

Description automatically generated**

**Your Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: | | | Date of Birth: |
| Surname: | | | Ethnicity |
| Address:  Postcode: | | | |
| Phone Number: | | | |
| Email: |  |  | |

**Emergency Contact Information**

|  |  |
| --- | --- |
| Full Name of Contact: |  |
| Address |  |
| Phone Number: |  |
| Relationship to you: |  |

**About You:**

|  |
| --- |
| Tell us why you want to volunteer at enact and what you hope to get out of volunteering: |

**Your Experience:**

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| --- |
| Use this space to tell us of your past/present work experience including volunteering: |

**References**

|  |  |
| --- | --- |
| All volunteers at enact will be required to provide someone who can give a reference. The referee will be contacted in writing and may be followed up with a phone call. (Please note that we cannot accept references from relatives) | |
| Full Name: |  |
| Address: |  |
| Phone Number: |  |
| Email: |  |
| Relationship To You: |  |

**DBS Checks**

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| --- |
| All volunteers working at enact will be required to complete an Enhanced DBS application form prior to starting at enact.  Please circle:  I agree I disagree |

**Training and continued professional development.**

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| As part of your volunteering role at enact you will be required to participate in Induction/training and opportunities to develop your knowledge and skills: |

**Declaration:**

|  |
| --- |
| I declare that to the best of my knowledge the information in this Application Form is true and correct.  Signature: …………………… Date:… |

Please return to:

**Unit 52 Island Centre Way,**

**Enfield, EN3 6GS**

**Tel: 07917724860**

**Email: info@enact.community**

FOR OFFICE USE ONLY:

Information checked by: …… ................................Date.…......................