**GSP New Volunteer**

Thank you for your interest in volunteering with Help Bristol’s Homeless. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in our volunteer database.

1. GIVEN NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. TELEPHONE(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tel 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tel 2
6. EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. EVENT: Each One Reach One, Christmas Community Festival, (can they select the specific event)  
   \*Please add a box for them to specify and type in the event\*
8. AREA(S) INTEREST:
9. If you are involved with us as a volunteer and an emergency arises, whom should we contact? Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. **Disclosure of Criminal Background**
    * Do you have any criminal prosecutions pending (excluding minor motoring offences e.g. speeding)?
    * Have you ever been convicted of any criminal offences ?
    * If yes, have you ever been convicted of an offence in the last 5 years?   
      Yes No If you ticked yes, please provide details below
11. **Your Skills and Interests** 
    * Have you ever done any voluntary work before? Yes No
    * If you answered yes, please tell us a little about the experience.
    * 3. Do you have any particular skills or qualities that you could use in your voluntary work?
12. 7. How long do you intend to volunteer for?
13. ADDITIONAL NOTES:

If you have any queries when completing this application form, please contact 518-8300 or e-mail info@ginaspenceproductions.com

New Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_