

Programmes Volunteer form

# PRIVATE AND CONFIDENTIAL

Please read through this form before filling it in.

Please note that the Ri will keep the information that you have given us in compliance with the Data Protection Act 1998.

# Contact details

Name:

Date of birth (DD/MM/YYYY):

Daytime telephone:

Mobile Telephone:

Email address:

# Events willing to volunteer for

|  |  |  |  |
| --- | --- | --- | --- |
| ❑ Family Fun Day (One Sunday per season) | ❑ Lates(One evening per season) | ❑ Festivals(One-off weekend events) | ❑ Other |

# Period available

|  |  |
| --- | --- |
| From  | To  |

### Education

Give details of most *recent* and *relevant* school, colleges, polytechnics and universities attended specifying dates, qualifications and courses, starting with the most recent or current.

|  |  |  |
| --- | --- | --- |
| Dates | School/College/University | Course |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Relevant work experience (starting with most recent)

|  |  |  |  |
| --- | --- | --- | --- |
| From month/year | To month/year | Name & address of employer | Position held, responsibilities/brief explanation of details, reason for leaving |
|  |  |  |  |

Skills/Interests: (tick as many as applicable)

|  |  |  |
| --- | --- | --- |
| **Programmes** |  |  |
| ❑ science communication  | ❑ knowledge of the UK education system | ❑ knowledge of science |
| ❑ event management  | ❑ practical workshops *(DBS check may be required)* | ❑ working with young people *(DBS check may be required)* |
| ❑ expert knowledge in STEM subjects (please state which): |  |  |

|  |
| --- |
| **Please add any additional relevant skills or interests:** |
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|  |

Please confirm whether you have any particular access/mobility requirements or whether you require any reasonable adjustments to participate in volunteering activities (e.g. avoid stairs or lifting)

|  |
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# Motivations for applying for voluntary work

# *Why do you want to volunteer and what would you like to get out of the experience?*

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| --- |
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|  |

# Emergency Contact details

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  | Telephone numbers: |
| Address |  |  | Daytime: |
|  |  |  |  |
|  |  |  | Mobile: |
| Postcode |  |  |  |
| Email address |  |

#

##### PLEASE SIGN AND DATE YOUR APPLICATION

|  |  |  |  |
| --- | --- | --- | --- |
| Signature  |  | Date  |  |