**Volunteer Application Form**

Thank you so much for your interest in volunteering with us. Please return this form to [admin@cyto.org.uk](mailto:admin@cyto.org.uk) or by post to CYTO, Shoestring Theatre, Oakley Road, South Norwood, London, SE25 4XG. If you have any questions about this form, please call us on 020 8655 1098.

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| **1. Personal Information** | |
| **Family Name** | **First Name(s)** |
| **Address** | |
|  | **Post Code** |
| **Telephone number** | **Email** |
| **What role/s are you applying for (if applicable)?** |  |
| **2. General Information** | |
| **Disclosure and Barring Service checks (DBS)**  *As this role has regular contact with young people, we are required to carry out an enhanced DBS check for all volunteers. If you already have a DBS check that is less than 2 years old, please send a copy to us as soon as possible. We will still need to apply for a new check, but you may be able to start volunteering with us more quickly. Please note that having a conviction does not necessarily make you unsuitable to volunteer.*  **Do you have a DBS check that is less than 2 years old?** **Yes/No** | |
| **Commitment requirement**: *CYTO runs evening workshops and performances during term times and school holidays. Would you be available to attend if needed? Yes / No*  If yes which days are you able to attend? Are you available during school holidays? Yes/No | |
| **3. Supporting Questions** | |
| **What experience have you had of volunteering?** | |
| **What skills or experience professional or otherwise that you feel will be relevant to the role.** | |
| **What do hope to gain from volunteering with CYTO?** | |
| **4. Declaration** | |
| **Data Protection Act 1998**  As part of the recruitment procedure we need to collect and store personal data about you. We are required by law to obtain your consent to such data being recorded. Any information of this nature will be treated confidentially.  I declare the information given on this form is correct to the best of my knowledge and acknowledge that by signing this form I give my consent to personal information being recorded and stored  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **5. Referees** (Two **personal** and/or **professional** - **study/work/volunteering** - related referees) | |
| **Name of referee** | **Name of referee** |
| **Relationship to you** | **Relationship to you** |
| **Address**  **Postcode** | **Address**  **Postcode** |
| **Telephone** | **Telephone** |
| **Email** | **Email** |
| **6. Where did you hear about CYTO? How did you hear about this volunteering opportunity?** | |
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