



VOLUNTEER APPLICATION

The Stained Glass Centre needs Volunteers to open the Centre on a regular basis and to assist at the various events we hold in the Centre and in the City of York. The information you provide below will help the Centre to understand your particular areas of interest and to ensure we have a suitable role for you in the Centre. In completing this form you give consent to have your details kept by the Centre confidentially on file for processing purposes.

PERSONAL DETAILS

SURNAME:

FIRST NAME:

EMAIL:

TELEPHONE NUMBER:

MOBILE NUMBER

HOME ADDRESS:

CITY:

COUNTY:

POST CODE:

AGE: [The Centre hopes to have a diverse community of Volunteers. Due to supervision limitations Volunteers must be at least 18 years of age.]

18-45 46-75 76+

HEALTH: Volunteers may be required to lead tours requiring extended walking or standing.

My health is good

My health is fine but I have a disability or concern which I will discuss with the Centre management.

WORK EXPERIENCE

OCCUPATION [please check all that apply]:

I am employed

I am looking for employment

I am not looking for employment

I am self employed

I am retired

I am a student

VOLUNTEER INTERESTS

This information will help us fit your skills and backgrounds to the volunteer opportunities.

My hobbies or interests that may pertain:

Previous Volunteer experience

Yes

No

Organisation

I want to Volunteer [please check all that apply]

to guide at the centre [daytime]

as an escort for walking tours [summer evenings]

as needed at evening lectures

to supervise children's activities

for event preparation [set up/tidy up]

in administrative or other support areas

REFEREES

Please list two people who know you well, one of them in a professional, work or education capacity.

NAME

ADDRESS or
EMAIL

PHONE NUMBER

KNOWN TO ME
AS [teacher,
employer,
volunteer manager,
friend]

NAME

ADDRESS or
EMAIL

PHONE NUMBER

KNOWN TO ME
AS [teacher,
employer,
volunteer manager]

EMERGENCY CONTACT

In case of an emergency, such as an accident, who should we contact [Name and Telephone]:

SIGNATURE
[email sent directly
from your personal
email account will
suffice]:

DATE:

RETURN THIS APPLICATION TO: volunteering@stainedglasscentre.org