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Plas Madoc Leisure Centre



@plasmadoclc

## **VOLUNTEER APPLICATION FORM**

### **PERSONAL INFORMATION**

**Surname:** \_\_\_\_\_ **Forenames:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_ **Home Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

### **PAST EXPERIENCE**

*Plas Madoc Leisure Centre offers a diverse range of volunteering opportunities.*

*Please use the box below to tell us about any experience (if any) which is relevant to volunteering with us.*

Plas Madoc Leisure Centre  
Llangollen Rd, Acrefair, LL14 3HL

Company Number: 09010565  
Charity Number: 1161937

## **YOUR AVAILABILITY**

Please tick the boxes that would best suit your availability at Plas Madoc.

**Mornings:**     **Evenings:**     **Afternoon:**     **Weekends:**

## **EQUAL OPPORTUNITIES**

Do you consider yourself to have a disability?

**Yes:**     **No:**

If yes please give details:

\_\_\_\_\_

**Gender:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

## **EMERGENCY CONTACT DETAILS**

**Full Name:** \_\_\_\_\_    **Relationship:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_    **Mobile Number:** \_\_\_\_\_

## **YOUR REFEREE**

Please provide us with details of one referee who knows you well and can provide you with a reference. This should not be a friend or relative

**Full Name:** \_\_\_\_\_    **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_    **Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## **DISCLOSURES**

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state:

**Yes**  **None**

If your volunteering role involves direct contact with children or vulnerable adults we will request a Disclosure and Barring Service check to be carried out – it will in all probability be covered by an exemption from the Rehabilitation of Offenders Act and we will be obliged to ask you to disclose any cautions or convictions you may have.

**Under conditions of the Rehabilitation of Offenders Act 1974 (Exemptions Order 1975) you would be not entitled to withhold information about cautions or convictions which otherwise might be considered 'spent'.**

Under the Rehabilitation of Offenders Act 1974, do you have any spent criminal convictions?

**Yes**  **No**

Please also include details of any pending prosecution. If you have ticked yes, please complete the details on a separate piece of paper and place in a sealed envelope. Please enclose with your application which will only be opened should you be offered a volunteering position with children or vulnerable adults. Having a conviction will not necessarily stop you from volunteering, but will need to be taken into consideration when assessing your suitability.

## **DECLARATION**

I confirm that the information given in this application is correct. I understand that appointment as a volunteer is subject to satisfactory references and Disclosure and Barring Service.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for the interest you have shown and the time you have taken to complete this form.**