

## Events & FundPaising

## Volunteer Application Form

We're so pleased you want to volunteer with us!

Please complete and return the form to hello@friendsofthefriarage.org.uk or post to:

Room 47, Admin Building, Friarage Hospital, Northallerton, DL6 1JG.

Full Name		
Contact Number		
Email Address		
Which area do you live in?		
How did you hear about volunteering with Friends of the Friarage?	ıg	
Please tick the areas you are	interested i	n helping out:
Fundraising events		Holding a coffee morning
Street collections/handing out leafle	ets	Sponsored events like the Great North Rur
Working a few hours in our hospital	shop	

This volunteer role is covered by the Rehabilitation of Offenders Act 1974 and therefore applicants are only required to disclose all **unspent** Cautions and/or Convictions. Do you have any **unspent** Cautions or Convictions? If yes please tick the box and provide further details below.

This will not necessarily prevent you from volunteering, information will be considered on a case by case basis.

By completing this form you consent to Friends of the Friarage saving the details you have provided for the purposes of contacting you about volunteer activities, events and news for the Friends of the Friarage.

To the best of my knowledge the information provided on this form is correct and accurate;

Signed				Date
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We take good care of your details and they are always safe with us. You can find out more by accessing our privacy policy at; https://www.friendsofthefriarage.org.uk/Privacy