



Gateway
...supporting women, restoring dignity.

Tel: 01273 417597

Web: www.offthefence.org.uk

Project Gateway
52 Station Road
Portslade
BN41 1DF



VOLUNTEER APPLICATION FORM

Personal Details:

Name.....
Address.....
.....
.....
Post Code.....

Email Address:
Would you like our E-News letter? Yes / No
Home phone No:.....
Mobile No:.....
Work Phone No:.....

Emergency Contact Details:

Name.....
Relationship to you:.....
Home phone No.....

Mobile No:
Work Phone No.....

Skills & Interests:

Current Occupation.....
Skills that could relate to supporting the project.....
Hobbies/interests.....

Previous Volunteer Experience: (Use another sheet if there is not enough room.)

Are you trained in:	
Child Protection....	<input type="checkbox"/>
First Aid.....	<input type="checkbox"/>
Counselling.....	<input type="checkbox"/>
Food Hygiene.....	<input type="checkbox"/>

Having read the "Volunteer Job description", which volunteer work would you like to do?

Outreach Befriender Drop in Befriender Drop in Support Training Support

Admin Support Prayer Fund Raising Financial Giving

At what times are you available Monday - Friday:

Flexible

Best day for you is:.....

Do you drive? Do you have your own car? Would you help with transport?

Having read the "Project Gateway Information pack" please answer the following question:

- a) Are you over 18 years of age? Yes / No
Please provide your D.O.B:
- b) Have you ever had a history of drug addiction? Yes / No
If yes, how many years have you lived a drug free life?
- c) Are you actively practising your faith in Jesus within a local Christian community? Yes / No
If yes, what Christian community are you part of?

Please supply contact details for two referees:

Friend / Family member / Work college

Pastor or Church leader

Name.....

Name.....

Address.....

Address.....

.....

.....

Tel:.....

Tel:.....

Medical Details

Doctor's Name: Telephone No:.....

Address:.....

Allergies:.....

Medical Conditions:.....

Prescribed Medication:.....

Disabilities:.....

Whilst volunteering with Off The Fence Trust and it's Project Gateway, I fully commit to adhere to Health and Safety, Confidentiality, Child protection, and Disciplinary policies and procedures and Project Gateway Volunteer Training.

Signed: Date:.....

I have read and understand Project Gateway's Aims & Objectives and Mission Statement.

Signed: Date:.....

I declare that information given above is correct and that I have not omitted anything that is relevant to my volunteer work.

Signed..... Date:.....

(Please return this form to the address which can be found on the front page.)

Data Protection Act: -

The details on this sheet will not be sold or passed on to any other organisation, company or individual outside the staff of Off The Fence Trust without your written permission.