

RELEVANT PERSONS' REPRESENTATIVE
DEPRIVATION OF LIBERTY SAFEGUARDS



Volunteer Application Form		
Surname:	First Name:	
Address:		
Postcode:		
Telephone:	Email:	
Date of Birth	Male	Female
Please select the geographical area you wish to volunteer in:		
Please tell us why you would like the opportunity to volunteer with our organisation?		
Please tell us about any educational background, work, recent training or volunteering experience that would be relevant to the volunteer role you are applying for.		
If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role.		

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What hobbies, skills, special interests or qualities do you have that may be relevant to the volunteer role you are applying for?	
Please specify days, times and the length of commitment you are able to make.	
Please tell us what you hope to gain from your volunteering with us?	
Do you have any special requirements that need to be taken into account during your volunteering?	
How did you find out about us?	
References: Please supply us with the names of two referees (non-relatives)	
Name:	Name:
Address:	Address:
Email:	Email:
Telephone:	Telephone:

Volunteer Relevant Persons Representatives will be required to undertake a DBS (Disclosure and Barring Service) check if their application and interview is successful.

Signature Date