



MAKING A POSITIVE DIFFERENCE

## APPLICATION FORM FOR AMBASSADOR VOLUNTEERS

Date of application.....

### PERSONAL DETAILS (in block capitals please)

Last name \_\_\_\_\_ Mr/Mrs/Miss/Ms

First name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Mobile Telephone Number if have one \_\_\_\_\_

Person to Contact In Case of Emergency \_\_\_\_\_ Telephone \_\_\_\_\_

### Given in strictest Confidence

If you have any illness or disability of which you would like us to be aware, please give details:

\_\_\_\_\_

### AVAILABILITY

Please tick to indicate when you are most likely to be available to volunteer.

Please give as many alternatives as possible. Flexible times can be arranged.

	Mon	Tues	Wed	Thurs	Friday	Saturday
AM	_____	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____	_____

## **VOLUNTEERING**

**Have you worked/volunteered in a charity environment? Which one?**

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**Why do you want to be a volunteer with Community Link Foundation?**

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**What do think Community Link Foundation can offer you?**

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## **Rehabilitation of Offenders Act 1974**

Do you have any previous convictions (including convictions which for other purposes would be classed as 'spent' under the terms of the Rehabilitation of Offenders Act?)?

**YES**                      **NO**                      (Please tick)

If YES please give details of offence(s) and sentence on a separate sheet, enclosed in an envelope marked 'Confidential' and addressed to The Director of Fundraising

## **REFEREES**

**Please give us the names and addresses of two people who can be asked to provide references (these can be a Dr./teacher/friend/employer),**

**Name** \_\_\_\_\_ **Name** \_\_\_\_\_

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

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**Telephone No** \_\_\_\_\_ **Telephone No** \_\_\_\_\_

**PLEASE PROVIDE PROOF OF IDENTIFICATION with you application**  
e.g. photocopy of passport/driving license

**Please return this form to:**

**Community Link Foundation|9b Houghton Street| Heritage House| Southport| PR9 0TE  
Registered Charity Number 1154506**

**Chairperson: Enda Rylands| [erylands@clfoundation.co.uk](mailto:erylands@clfoundation.co.uk) 01704 531080**