Volunteer Application Form



Private and Confidential

	Volunteer role applied for:				
	Title	First Name		Surname	
	Address:				
	Postcode:				
	Home tel. no: Mobile tel. no:				
	Email address:				
Which days/half days of the week are you available to help us?					
How often do you feel you may be able to help? (number of days per week/month):					
Please tell us if you are only available for a certain period during the year:					
		n transport? YES/NO		ent clean driving licence? YES/NO	
		Friends of Caister Lifeboat? a member to volunteer	YES/N	NO	
Would you be interested in becoming a member of Friends of caister lifeboat? YES/NO Cost £					
Please tick the boxes which represent the areas of work you are interested in ((Double click in the box and select checked if interested)					
	Operational crev	N Adminis	tration	Helping at Heritage Centre	
	Helping in our sh		sing	Helping in our cafe	
	Shore based cre Maintenance cre		& Recove	/ery crew Helping at events	
Any	preferred location	n:			

Please tell us about the skills and experience that you can offer and any qualifications or attributes you feel are relevant. Feel free to attach an up to date CV.					
Please tell us about any health issues, medication or other conditions that you feel we should know about:					
Volunteers working with unaccompanied children (or vulnerable adults) must be Disclosure and Barring Service (DBS) checked.					
Some volunteer roles will require a written reference, we will advise you accordingly if this is the case and request details of referrees.					
Signed Date					

Please return this form to: Andrew Turner, Volunteer Coordinator, Caister Lifeboat, Skippers Walk, Tan Lane, NR30 5DJ Tel: 01493 722001 E-mail: casiterlifeboat@btconnect.com

Office use only: Date received: Sent to: Reply sent: