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**Creative Folkestone Volunteer Application Form**

Thank you for your interest in volunteering with Creative Folkestone Artworks.

Please fill out your application and equal opportunities monitoring form and return them completed to Fern Bamber at [fernbamber@creativefolkestone.org.uk](mailto:fernbamber@creativefolkestone.org.uk). If you have any further questions or need support completing this application, please don’t hesitate to get in touch with Fern directly.

We look forward to hearing from you!

**ABOUT YOU**

|  |  |
| --- | --- |
| Full name |  |
| Address  Postcode |  |
| Email Address |  |
| Phone number(s) |  |
| How did you hear about this opportunity? |  |

**COMMITMENT & AVAILABILITY**

Please indicate your availability to volunteer below with an ‘X’

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| Morning | Morning | Morning | Morning | Morning | Morning | Morning |
| Afternoon | Afternoon | Afternoon | Afternoon | Afternoon | Afternoon | Afternoon |
| Evening | Evening | Evening | Evening | Evening | Evening | Evening |

**SKILLS & EXPERIENCE**

|  |
| --- |
| Please explain why you would like to volunteer with Creative Folkestone |
| Referring to details about the position, please detail any skills and experience you feel you can bring to this role |

**REFERENCES**

Please give the names and contact details of two people we may contact as referees.

|  |  |  |  |
| --- | --- | --- | --- |
| Name 1 |  | Name 2 |  |
| Relationship to  you |  | Relationship to  you |  |
| Email |  | Email |  |
| Tel. No. |  | Tel. No. |  |

**YOUR HEALTH IS IN OUR INTEREST**

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| --- |
| In the interest of your health and safety, please provide us with details of any health conditions you have, or if you consider yourself to have a disability. While most of Folkestone Artworks is accessible, it’s important that we understand your needs when pairing artworks with volunteers, to ensure that we can support you to carry out this role. This will remain confidential. |

**EMERGENCY CONTACT**

Please provide us with details of who we should contact in case of an emergency

|  |  |
| --- | --- |
| Full name |  |
| Address  Postcode |  |
| Email Address |  |
| Phone number(s) |  |

Thank you for completing your application form! We look forward to speaking with you further about your application.