

Title	Family Name
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First Name	Date of Birth
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Address

County	Post Code
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Daytime Telephone	Mobile
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Email

Age	16-24	25-34	35-44	45 +
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why are you interested in volunteering for Rathbone?

What skills and attributes do you think you can offer?

Do you have any access requirements? (e.g large print, induction loop, wheel chair access)

Are you normally available in:	The daytime	The evening	The weekend
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VOLUNTARY EXPERIENCE
Please describe your previous volunteering experience if any:

OTHER EXPERIENCE

Please briefly describe your occupation and/or educational experience up to now which is relevant to the role of Trustee:

AVAILABILITY

Please indicate how much time you can offer volunteering:

HEALTH

We welcome applications from people with disabilities. A disability or health problem is unlikely to exclude you from volunteering but please give details if you have ever suffered from any disability or serious illness that could affect your volunteering. We may need to take up a medical reference but will seek your permission before doing so

REFERENCES: Please provide two referees. They should not be family members or partners. Ideally one should be from a previous employer or someone in a professional capacity who has known you for at least a 2 years like your Doctor or your School/College Teacher.

Name

Address

Postcode

Telephone Number

Email

How Long have you known person Yrs How do you know them

Name

Address

Post Code

Email

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