****

**VOLUNTEERING for**

**BRACKNELL Drop In**

**Forename: ……………………Surname: …..……………………………..…**

**Gender: …………………….. D.O.B: ……………………………**

**Email Address: ……………………….…………………………………………..**

**Mobile: ………………………………………………**

**Address: ………………………………………………………………..………………………**

**……………………………………………………………………………………………………..**

**Referees Name: (Or Name of your local Church)**

**…………………………………………….………………………**

**Address:**

**………………………………………………………………………….……………………..**

**Phone: …..…………………………..       Email: ………………………………………….**

**Please circle your choice/s from the following :**

**Drop In (at St Andrew’s): Tuesdays** 12.00am to 2.00pm

**Thursdays** 11.00am to 2.00pm

**Have you a valid DBS check? YES  / NO (please circle)

If so, who did it? ………………………….     When was it done? …………….**

**Do you have a valid First Aid qualification? YES  / NO**

**Mental Health First Aid certificate? YES  / NO**

**Food Hygiene certificate? YES / NO**

**Safeguarding training?            YES  / NO**

**Previous relevant experience (for new applicants only)**

**………………………………………………………………………………………………………**

**………………………………………………………………………………………………………**

**………………………………………………………………………………………………………**

**I agree to follow the Volunteers Handbook guidelines and will work as requested by the**

**organisers.**

**I give permission for Pilgrim Hearts to store and use my data for the running of the Drop In and Mentoring services.**

**Signed…………………………………… Dated …………………………..**

**PLEASE POST TO :- Pilgrim Hearts 24 YORKSHIRE PLACE, BRACKNELL, RG42 3XE or scan and Email to** **pilgrim.hearts@gmail.com**