

## **SNAPPY VOLUNTEER APPLICATION FORM**

Na	ıme:	Date of Birth:					
Address:		Telephone:					
		Mobile:					
		Are you curre	ently in employment?	Yes/No			
e-mail:							
Where did you		Y.Y?					
each week while wish to get invo Below are the s	any different play sch st others run in the so lved in, such as the p schemes that run thro	emes and projects the chool holidays. We also antomime, arts, dram oughout the year, plea on on any of our sche	roughout the year. So o run specialist projects a, and sports projects ase indicate which yo	ome schemes run cts that you may s. ou are interested			
Please indicate	below which Snappy S	Schemes you would lik	e to take part in.				
Easter Scheme	Summer Scheme	Saturday SNAPPY	Senior SNAPPY	Fundraising Projects			
Please tell us would like to re	•	training/experience	you have had or a	ny training you			
Any additional	information:						

SNAPPY follows an equal opportunities policonfidentially.	icy & all	information	given	will	be	treate
Please give the Name & Address of two people	e who will g	ive you a ref	erence	e:		
1				_		2
fou have my permission to approach the above previous related experience necessary)	persons reg	arding my sui	tability	for t	his w	ork.
Signed:	Date	:				
Please tell us about any previous paid or volur	ntary exper	rience that m	nay be	relev	ant:	-
Please tell us about any previous paid or volu	ntary exper	rience that m	nay be	relev	ant:	-
Please tell us about any previous paid or volu	ntary exper	rience that m	nay be	relev	ant:	-
Please tell us about any previous paid or volu	ntary exper	rience that m	nay be	relev	ant:	- - -
Please tell us about any previous paid or volu	ntary exper	rience that m	nay be	relev	ant:	- - -
Please tell us about any previous paid or volur	ntary exper	rience that m	nay be	relev	ant:	-
						- - - - etc.):
						etc.):
Please tell us about any previous paid or volur  Please tell us about any useful skills you have  Medical Ir	(interests,	hobbies, tra				- - - - - -

## TO INSURE IMMEDIATE ACTION IS TAKEN IN THE EVENT OF AN ACCIDENT OR OTHER EMERGENCY WE REQUIRE ANY RELEVANT MEDICAL DETAILS FOR OUR ON-SITE FILES

FULL NAME:	NEXT OF KIN (NAME):		
ADDRESS:	RELATIONSHIP TO APPLICANT:		
	ADDRESS:		
TELEPHONE:	TELEPHONE:		
MOBILE TELEPHONE:	In the event of an incident, do you wish		
DATE OF BIRTH:	S.N.A.P.P.Y to contact your next of kin?		
	YES / NO		
G.P'S NAME:			
SURGERY ADDRESS:			
TELEPHONE: NHS MEDICA	AL CARD NUMBER:		
HAVE YOU BEEN IMMUNISED AGAINST TETUNU	S? YES / NO		
FURTHER INFORMATION: (allergies, medication)	on etc if relevant)		
ALL INFORMATION WILL BE TREAT	TED WITH THE STRICTEST CONFIDENCE		
SIGNATURE:	DATE:		
VOLUNTEI	se return to: ER CO-ORDINATOR		
	SNAPPY owther Street		
	York YO317LX (01904) 640562		

Tel No. (01904) 640562
snappyvolunteers@btconnect.com

Please enclose a passport sized photograph with your application