IBS NETWORK

Application to be a Volunteer

APPLICANT INFORMATION

Surname		First Name		Initial	Date
Street Address					
Town/City		County		Postcode	
Phone No		E-mail Address			
Position Applied for					

Are you a UK citizen?	YES ☐ NO ☐	If not, do you have a permit to work in the UK?		YES ☐ NO ☐
Have you ever worked for a charity before?	YES ☐ NO ☐	If so, which one and when?		
Do you have a criminal record?	YES ☐ NO ☐	If yes, explain		

EDUCATION/QUALIFICATIONS

Secondary Education		Address	
From	To	GCSEs/A-Levels	
College/University		Address	
From	To	Qualifications	
College University		Address	
From	To	Qualifications	

Please outline the skills and experience you could offer the IBS Network if you were appointed as a volunteer (e.g. office duties, telephone queries, health professional, legal, fundraising, bookkeeping/finance, IT, database)

Please indicate how much time you would have available per week.

Please indicate why you wish to be a volunteer. .

Previous charity experience

CURRENT OR PREVIOUS EMPLOYMENT	
Company	Phone No ( ) E-mail
Address	Supervisor/ Line Manager
Job Title	
Responsibility	

From To	Reason for Leaving

May we contact your previous employer for a reference?   Yes   No

Company	Phone No ( ) E-mail
Address	Supervisor/ Line Manager
Job Title	
Responsibility	

From To	Reason for Leaving

May we contact your previous employer for a reference?   Yes   No

DISCLAIMER AND SIGNATURE
I certify that my answers are true and complete to the best of my knowledge. If this application leads to appointment, I understand that false or misleading information in my application or interview may result in my release.
Signature   Date

Please return this form by E-mail to Dr Nick Read at nickwread@btinternet.com. Or fax 0114 2723253 or mail to the IBS Network, Unit 1-12 SOAR works, 14 Knutton Road, Sheffield S5 9NU.