**Volunteer Application Form**

**Title:**

**Full Name:**

**Date of Birth:**

**Address, including Postcode:**

**Email Address:**

**Phone Number:**

**Male/ Female/ Other/ Prefer Not to Say**:

**What interests you about volunteering for the Lunchtime Plug-in?**

**Do you have any skills or experience that may be relevant to this type of volunteering?**

**Would you like to volunteer on a weekly basis?**

**Are you available from 11.30am to 2.30pm?**

**Referee Information**

***Reference 2***

**Name:**

**Capacity in which they know you:**

**Email:**

**Telephone:**

***Reference 1***

**Name:**

**Capacity in which they know you:**

**Email:**

**Telephone:**

**Privacy Statement**

Please see the attached GDPR Privacy Notice: **this must be completed and returned with this form.** The GDPR Policy is also attached for your reference.

**Please send the completed forms to:**

**Gladness Cole, Volunteer Development Coordinator, Bethany Christian Trust, 65 Bonnington Road, Edinburgh, EH6 5JQ or via email to:** **volunteers@bethanychristiantrust.com**