|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY** | |
| Date contacted candidate: | Start Date: |

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**Please complete all parts of this application form and give full answers.**

1. **VACANCY DETAILS**

|  |  |
| --- | --- |
| Role applied for | Date |

1. **PERSONAL DETAILS**

|  |  |  |
| --- | --- | --- |
| Title | Last Name | First Name(s) |
| Address | | Cell Phone: |
|  | | Other Phone: |
|  | | Email |
| Post Code | | Date of Birth |

|  |  |  |
| --- | --- | --- |
| Which day/s & times would you like to volunteer with us? | Monday AM 🞏 PM 🞏  Tuesday AM 🞏 PM 🞏  Wednesday AM 🞏 PM 🞏  Thursday AM 🞏 PM 🞏 | Friday AM 🞏 PM 🞏  Saturday AM 🞏 PM 🞏  Sunday AM 🞏 PM 🞏 |

1. **BACKGROUND**

|  |
| --- |
| What is your present occupation (i.e., employed, retired, career, student, etc)? |
| Tell us about yourself. List interests, hobbies, or skills that you might feel might be useful. |
| Do you have any health problems or disabilities which might impact on your volunteering (e.g. heart, back, diabetes, epilepsy)? Anything that might make difficult for you to carry out parts of the work which is physically demanding? **YES / NO** |
| If **'Yes'** please specify: |

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1. **INFORMATION IN SUPPORT OF YOUR APPLICATION**

|  |
| --- |
| Why do you want to work with the George Foundation for Sight Restoration? What do you hope to gain from working with us? |

**5. REFERENCES**

|  |  |
| --- | --- |
| Please provide the names of two people who have ideally known you for at least two years, who are not relatives and not residing at the same address. Your signature will be taken as agreement for us to contact the following. | |
| Name | Name |
| Email | Email |
| Address | Address |
|  |  |
| Post Code | Post Code |
| Telephone No. | Telephone No. |
| Relationship | Relationship |

1. **EMERGENCY CONTACTS**

|  |  |
| --- | --- |
| Please provide the names of at least one emergency contact below. Your signature will be taken as agreement for us to contact the following people in case of an emergency. | |
| Name | Name |
| Email | Email |
| Address | Address |
|  |  |
| Post Code | Post Code |
| Telephone No. | Telephone No. |
| Relationship | Relationship |

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|  |  |
| --- | --- |
| **REHABILITATION OF OFFENDERS ACT 1974**  If you have any ‘unspent’ criminal convictions you are required to declare these.  Do you have any such convictions to disclose? YES / NO  If 'Yes' please attach details which will be treated in confidence. | |
| **Signature** | **Date** |

|  |  |
| --- | --- |
| **MULTIMEDIA RELEASE**  I hereby grant the George Foundation for Sight Restoration permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications and social media, without payment or other consideration.  Circle One: YES / NO  Your signature will be taken as agreement for us to contact the following. | |
| **Signature** | **Date** |

**Please scan and email the completed form to helpgivesight@gmail.com.**