Volunteer Application Form

Personal Details

Full Name

Address

Date of Birth

We request your date of birth for safeguarding and insurance purposes.

Home Telephone

Mobile Telephone

Email Address

Dates Available in:

About You

Why would you like to volunteer for this project?

What is your current or previous profession?

Have you volunteered with any other organisations before?

☐ Yes
☐ No

If yes, in what capacity?

Health & Safety

Do you have a disability or health issue (including pregnancy) that you would like us to take into account?

☐ Yes
☐ No

If yes, please provide details:

Emergency Contact Details

Please provide the details of someone we can contact in the unlikely event of an emergency whilst you are volunteering on site.

Name

Relationship

Contact Number

This information will be treated confidentially, stored securely, and only used in the event of an emergency. 🤝

Safeguarding & Conduct

We're proud of the atmosphere we create together, it matters.

- **Be kind and respectful**
  To everyone, volunteers, team leaders, visitors. It goes a long way.
- **Inclusive environment**
  We welcome everyone. Discrimination or harassment of any kind won't be tolerated.
- **Alcohol & drugs**
  These have no place during volunteering activities, safety comes first.
- **Keep communication open**
  You won't be thrown in at the deep end. If you're unsure about anything, ask. If something doesn't feel right, say. We'd always rather know.
- You'll get a clear introduction when you arrive
- Tasks will be explained properly
- Team leaders and experienced volunteers are always nearby if you need help

We genuinely couldn't do this without you. Look after yourself, look after each other, and don't forget to take a moment to step back and take it all in

Consent & Agreement

Please tick to confirm:

☐ I confirm that the information I have provided is accurate and complete

☐ I confirm that I have received, read and understood the Standing with Giants Volunteer Guide (March 2026)

☐ I have provided a digital copy of my ID (Passport / Driving Licence) for safeguarding and health & safety purposes

Signature

Date

Thank you for completing this form.

Please return your completed application to: Janette Barton **swgvolunteer@gmail.com**