

APPLICATION FORM VOLUNTARY RECEPTIONIST

Listening Post Admiralty House 11A Spa Road Gloucester GL1 1UY

Please complete in full either typed or in black ink. A Curriculum Vitae may be enclosed in addition to the completed Application Form.

PERSONAL DETAILS										
Surn	ame:			First Name(s):		Title:				
Previous Name:				Date of Birth:						
Address:										
E-Mail Address:										
Telephone Number			Home:	Work:						
Numi	ber	-	Mobile:	May we contact you at work? YES / NO						
EDUCATION AND TRAINING										
Dates		School / College / University		Subject	Level Grade	Grade				
From	То	- Concert Conege t Chiverony		- Calbjoot	2.3.					
PRESENT EMPLOYMENT (If any) AND PREVIOUS WORK EXPERIENCE										
Dates		Nar	ne, Address and Business	Post Held and Main Responsibilities		sibilities				
From	То	of Organisation								

Dates Name Address and Business Type of Voluntary Work				
From	To	Name, Address and Business of Organisation	Type of Voluntary Work	
1 10111	10	Of Organisation		
		ADDITIONAL I	NFORMATION	
Please	e expla	in your reasons for applying to be	a Volunteer Receptionist.	
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PREVIOUS VOLUNTARY WORK

Have you ever been a Client at I	Yes / No	
(If yes) When?	Which Centre:	Name of Counsellor:

Outside Interests and Hobbies:							
REFERENCES							
Please give the names of two referees, who have agreed to give references and have a knowledge of your work and character. One referee must be a person holding a responsible position with your present or latest employer or voluntary organisation. Another could be the Minister or leader of your Church or another professional who can give a Character Reference.							
First Referee	Position Held	Capacity which known					
Full Name Full Address							
E-Mail Address							
Telephone Number							
Second Referee	Position Held	Capacity which known					
Full Name							
Full Address							
E-Mail Address							
Telephone Number							
CONVICTIONS							
Have you ever received a court conviction? YES/ NO (If Yes you are asked to submit details separately)							
DECLARATION							
I declare that the information I have given is true to the best of my knowledge.							
Signed:	Date:						