

Friends of the Wapping Fair

Volunteer Application Form

| NAME & TITLE | |
|--------------|------------|
| | |
| | POST CODE |
| | |
| TELEPHONE | HomeMobile |
| EMAIL ADDRES | 5 |

CRIMINAL RECORD

This post is exempt from the Rehabilitation of Offenders Act 1974 and you are required to reveal all convictions, even those which are spent. A criminal record will not necessarily be a bar to obtaining a position. Most volunteering opportunities will require a DBS check (Disclosure and Barring Service).

Have you ever been convicted of a criminal offence? YES/NO

If you answered yes, please give details.....

We will be running a background check on all our volunteers.

do you have a certain area of interest, any limitations

We are looking for volunteers to cover many aspects of the fair including:

Parking

Bounce house area

Set up and clean up

Ticket booth

Agricultural tents

Photography and many more areas....

Please let us know if there is anything you are passionate about or if there is something that you absolutely would not want to volunteer for, we will do our best to match you up with a volunteer experience that you will enjoy!

REFERENCES

Please give details of two referees (not related to you) who have known you for at least two years. One referee should be known to you in a professional capacity.

| Name & title |
|-----------------------|
| Address: |
| |
| Post Code: |
| Tel. No |
| Email |
| Relationship to you |
| Known to you foryears |
| |

HOURS AND DATES AVAILABLE:

| | Monday | Tuesday 9/3 | Wednesday 9/4 | Thursday 9/5 | Friday 9/6 | Saturday 9/7 | Sunday 9/8 |
|----------|--------|----------------|------------------|-----------------|---------------|-----------------|---------------|
| AM | 25 | 119 | | | 1 95 | | |
| PM | | | | | | | |
| Evenings | ST L | | | | SI W | | |
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| | Monday 9/9 | Tuesday 9/10 | Wednesday 9/11 | Thursday 9/12 | Friday 9/13 | Saturday 9/14 | Sunday 9/15 |
|----------|---------------|-----------------|-------------------|------------------|----------------|------------------|----------------|
| AM | | | | | | | |
| РМ | | | | | | | |
| Evenings | | | | | | | |

Return this form to <u>volunteer@wappingfair.org</u> or mail it to Friends of the Wapping Fair, C/O Mitchell Fuel, P.O. Box 1163, South Windsor CT. 06074.