Blackthorn Charity

healing support rooted in community

Volunteer Application Form

Thank you for your interest in becoming one of our fantastic volunteers! Please complete the form as fully as possible.

Name
Address   Postcode
Home phone number:
Mobile phone number:
Email address:
Date of Birth:

Are there any particular volunteer roles or workshop areas that you are interested in?
Please tell us about any skills or experience you have that will be helpful and if you have any experience of working alongside vulnerable individuals.

Which day /days are you available to volunteer?
Have you ever attended a course or programme at Blackthorn Trust (if yes, please give details)?
Is there anything else you would like to tell us or think we should know about?

Emergency contact's name:	Emergency contact's phone number:

Signed
Date

Thank you for providing your information, we comply with the GDPR Data protection guidelines 2018 a copy of our Privacy Notice is available on our website (www.blackthorn.org.uk).