**Volunteer Application Form**

HOPEHOUSE

29 -30 Kirkley Cliff Road  
Lowestoft  
Suffolk  
NR33 0DB

**PLEASE USE BLOCK CAPITALS**

**YOUR DETAILS**

**Mr/ Mrs/ Miss / Ms ……………………… Date of Birth …………………………**

**First Name …………………………………………………………………………………………..**

**Surname ……………………………………………………………………………………………..**

**Address………………………………………………………………………………………………..**

**……………………………………………………………………………………………………………..**

**Daytime Telephone Number ………………………………………………………………..**

**Evening Telephone Number …………………………………………………………………**

**Mobile Telephone Number ……………………………**

**National Insurance No. ……………………………….**

**Do you hold a current full driving licence YES/NO**

**Do you own your own vehicle YES/NO**

**Do you have any endorsement on your licence YES/NO**

**Have you ever been convicted of a criminal offence, If so is this spent?   
YES/NO**

**(Declaration subject to the Rehabilitation of Offenders Act 1974)**

**Please explain why you would like to volunteer with Hope House**

**……………………………………………………………………………………………………………**

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**What qualities do you think you can bring to the project?**

**………………………………………………………………………………………………………**

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**………………………………………………………………………………………………………**

**How many hours can you offer?......................................................**

**……………………………………………………………………………………………………..**

**Do you have any disabilities which may require us to make reasonable adjustments to make your work effective? ………………………………….**

**…………………………………………………………………………………………………….**

**Please give the name and address of two referees we may contact**

**………………………………………………………………………………………………………..**

**………………………………………………………………………………………………………..**

***The Adam Outreach Project (Hope House) is a Christian organisation, and the ethos of Christianity is what motivates us.***

***Signed ……………………………………………. Date ………………………………***