



NOAH - Volunteer Application Form

Thank you for your interest in volunteering with NOAH. Please complete this form so we can match you to a suitable role.

Personal Details

Full Name: _____

Address: _____ Postcode _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Emergency Contact:

Name: _____

Relationship to You: _____

Phone Number: _____

Volunteering Interests

Why would you like to volunteer with NOAH?

Which areas are you interested in? (tick all that apply)

☐ Welfare Support

☐ Retail (Charity Shops)

☐ Administration/Office

☐ Events & Fundraising

☐ Training & Education

☐ Outreach/Community Engagement

☐ Other: _____

Availability

Days: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun Times: ☐ Morning ☐ Afternoon ☐ Evening

Preferred Start Date: _____

Skills and Experience

Please tell us about any relevant experience, training, or qualifications:

References

1. Name: _____

Relationship: _____

Phone/Email: _____

2. Name: _____

Relationship: _____

Phone/Email: _____

Health and Support Needs

Do you have any health conditions, disabilities, or support needs we should be aware of?

☐ No

☐ Yes - please explain:

Criminal Convictions

Do you have any unspent criminal convictions?

☐ No

☐ Yes - please provide details:

Please note: Some roles may require a DBS check.

Declaration: I confirm that the information provided is true and accurate. I understand this is a voluntary role and not a contract of employment.

Signed: _____

Date: _____

Data Protection

Your information will be stored securely by NOAH and only used for volunteer administration in accordance with UK data protection laws.

☐ I consent to my data being processed for volunteering purposes.

For Office Use Only

Role Assigned: _____

Department/Team: _____

Start Date: _____

Completed by: _____