

Lincoln Cathedral Volunteer Application Form

TITLE OF ROLE APPLIED FOR

CONFIDENTIAL

1. Personal details (BLOCK CAPITALS PLEASE)

SURNAME

INITIALS

TITLE (OPTIONAL)

ADDRESS

FIRST NAME(S)

TEL NO (HOME)

TEL NO (MOBILE)

EMAIL ADDRESS

IF SELECTED FOR INTERVIEW, DO YOU REQUIRE ANY SPECIAL ARRANGEMENTS TO BE MADE ON ACCOUNT OF A DISABILITY?

YES NO

IF "YES", PLEASE GIVE BRIEF DETAILS OF THE EFFECTS OF YOUR DISABILITY ON YOUR DAY-TO-DAY ACTIVITIES, AND ANY OTHER INFORMATION THAT YOU FEEL WOULD HELP US TO ACCOMMODATE YOUR NEEDS DURING YOUR INTERVIEW AND FULFIL OUR OBLIGATIONS UNDER THE EQUALITY ACT 2010

2. Your reasons for applying for this role and any relevant skills, abilities, knowledge and experience

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

HAVE YOU ANY CONVICTIONS THAT ARE NOT SPENT
UNDER REHABILITATION OF OFFENDERS ACT?

YES NO

ARE YOU AT PRESENT UNDER INVESTIGATION BY THE
POLICE OR AN EMPLOYER FOR ANY OFFENCE IN
CONNECTION WITH FINANCIAL ISSUES?

YES NO

IF "YES", TO EITHER OF THE ABOVE PLEASE PROVIDE FURTHER DETAILS

3. Independent Character References

Referee 1

TITLE (MR, MRS ETC.)

ADDRESS

FULL NAME

TEL NO

EMAIL ADDRESS

Referee 2

TITLE (MR, MRS ETC.)

ADDRESS

FULL NAME

TEL NO

EMAIL ADDRESS

4. Declaration

I DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION FORM IS TRUE AND COMPLETE. I UNDERSTAND THAT IF I HAVE GIVEN ANY MISLEADING INFORMATION ON THIS FORM OR MADE ANY OMISSIONS, THIS WILL BE SUFFICIENT GROUNDS FOR ENDING MY VOLUNTEER ROLE.

SIGNATURE

DATE

/ /

NAME

Once we receive your data, we will only use it for the purposes for which you have consented. Please visit the Cathedral website to view our full Privacy Policy.