



## Volunteer Application Form

Please complete all sections electronically (boxes will expand) and return to the email address below. Alternatively, use a black pen and post or hand in the application to the address below.

*All the information you provide on this form is private and confidential.  
Harrogate Homeless Project complies fully with current General Data Protection Regulations.*

### Personal Details

<b>Title</b>	<b>Forename</b>	<b>Surname</b>
<b>Address</b>		
<b>Post code</b>		
<b>Email address</b>		
<b>Home telephone</b>		<b>Mobile</b>

### Emergency contact details

<b>Name</b>	
<b>Relationship to you</b>	
<b>Contact phone number</b>	

Please let us know what type of activities you would like to get involved with and where your skills and interests lie. Our volunteering program is always under review, and we may be able to offer more or different opportunities in the future, so please tick (or mark 'Y') all that apply:

Activities I'd like to be involved with:	Skills or interests I can bring:
<b>At our Hostel (evenings)</b>	DIY
<b>At the Springboard Day Centre</b>	Gardening
<b>Driver to collect donated goods/food</b>	Event Management/Presentation Skills
<b>To help out at events</b>	Creative – Music/Art/Drama/Dance/Crafts
<b>Fundraising collections</b>	Health & Safety
<b>Organising your own fundraising</b>	Medical or Mental Health Trained
<b>Skills workshops for our service users</b>	Cooking/Baking
<b>Social media/content creation</b>	Teaching/Training – Literacy/Life skills/etc
<b>IT/Website</b>	Health/Well-being – eg Yoga/Meditation
<b>Administrative – office/clerical/bookkeeping</b>	Coaching & Mentoring
<b>I'm not sure &amp; would like to discuss it!</b>	Teamwork/team building
<b>Any other specific area:</b>	Any other interests/passions/hobbies/skills:

Harrogate Homeless Project is committed to equal opportunities. To help us consider any appropriate adjustments to the volunteer environment, and to better support you in your role, please give details of any disability, relevant health issues or support needs:



## References

Please provide the names and contact details of two people who may be approached to support your application to volunteer for the Project. They must have known you for at least three years and be able to comment objectively on your character, commitment and your potential for working voluntarily with vulnerable adults.

An email address or telephone number must be provided for each referee.

Referee 1	Referee 2
Name	Name
Address	Address
Postcode	Postcode
Telephone	Telephone
Email	Email
<b>In what capacity have they known you?</b>	<b>In what capacity have they known you?</b>
<b>For how long?</b>	<b>For how long?</b>

## Declaration

I declare that the information given in this volunteer application is both accurate and honest. I understand that if the information is found to be misleading in the future, this would potentially have an impact on me being a volunteer with HHP.

I accept that any offer of volunteering is subject to satisfactory references and satisfactory Disclosure and Barring Service checks at the appropriate level. I am happy to attend any essential training before I take up a volunteer role.

<b>Signature</b>	<b>Date</b>

*We are required to hold personal data for various legal and practical purposes, without which you would not be able to volunteer with us. Holding your personal data enables us to meet various legal and administrative obligations. The details of how all personal data is collected and stored is documented in the HHP Privacy Notice for Staff and Volunteers document, available on request.*

Please return completed form F.A.O:

**Pippa Kirchmann**  
**Volunteer Coordinator**  
[pippa@hhphostel.org](mailto:pippa@hhphostel.org)

**T** 01423 647745

**M** 07955271952



**HARROGATE HOMELESS PROJECT LTD**

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SPRINGBOARD: LOWER HALL WESLEY CENTRE, OXFORD STREET, HARROGATE HG1 1PP  
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REGISTERED CHARITY NUMBER: 1011337

REGISTERED COMPANY NUMBER: 2634725