HICKSTEAD VOLUNTEER APPLICATION 2017



| CONTACT INFORMATION — BLOCK CAPITALS | |
|---|---|
| FORENAME | |
| SURNAME | |
| DATE OF BIRTH | |
| ADDRESS | |
| POSTCODE | |
| PHONE | |
| E-Mail Address | |
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| | |
| AVAILABILITY | |
| THE LONGINES ROYAL INTE | ERNATIONAL HORSE SHOW 25 – 30 JULY 2017 |
| SPECIAL SKILLS OR QUALIFICATIONS | |
| SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS YOU HAVE ACQUIRED FROM EMPLOYMENT, PREVIOUS VOLUNTEER WORK, OR THROUGH OTHER ACTIVITIES, INCLUDING HOBBIES OR SPORTS. | |
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| PREVIOUS VOLUNTE | ER FYPERIENCE |
|-------------------------|--|
| SUMMARIZE YOUR PREVIOUS | |
| SOMMANIZE TOOKT NEVIOUS | VOLONTELN EXILENCE. |
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| | |
| PERSON TO NOTIFY | IN CASE OF EMERGENCY |
| | |
| Name (Block Capitals) | |
| Appress | |
| ADDRESS | |
| Postcode | |
| Home Phone | |
| E-MAIL ADDRESS | |
| LIVIAIL ADDICESS | |
| | |
| | |
| AGREEMENT AND SIG | GNATURE |
| | ATION, I CONFIRM THAT THE FACTS SET FORTH IN IT ARE TRUE AND |
| | HAT IF I AM ACCEPTED AS A VOLUNTEER, ANY FALSE STATEMENTS, EPRESENTATIONS MADE BY ME ON THIS APPLICATION MAY RESULT IN |
| MY IMMEDIATE DISMISSAL. | EFICESENTATIONS MADE BY ME ON THIS AFFEICATION MAT RESULT IN |
| | |
| NAME (BLOCK CAPITALS) | |
| SIGNATURE | |
| DATE | |
| | |

OUR POLICY

ÎT IS THE POLICY OF THIS ORGANISATION TO PROVIDE EQUAL OPPORTUNITIES WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, SEXUAL PREFERENCE, AGE, OR DISABILITY.

THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST IN VOLUNTEERING WITH US. PLEASE SEND YOUR APPLICATION FORM TO: volunteer@hickstead.co.uk AND WE WILL GET BACK TO YOU AS SOON AS POSSIBLE.