

Volunteer Application Form

Thankyou for your interest in becoming a Street Angel volunteer.

Please complete this form and email it to wcastreetangels@gmail.com



Name:			
Address			
Contact Number		Email	
Date of Birth		Profession	
Coat Size	Small / Medium / Large / X Large / X X Large		
How did you hear about the Windsor Street Angels?			
Why do you want to volunteer as a Windsor Street Angel?			
Do you have a valid First Aid Certificate? Yes / No			
<ul style="list-style-type: none"> • If yes please provide date of training and name of certifier: 			
Do you have any other skills or training which may be useful as a Windsor Street Angel?			
Do you have any medical conditions that we should be aware of?			
Do you have any criminal convictions? Yes / No			
<ul style="list-style-type: none"> • If yes please provide further details: 			
Name of Emergency Contact:			
Relationship to you			
Contact number			
Are you active with any other community groups such as charities or churches? Yes / No			
If yes please provide details:			

Declaration: I agree to read and abide by the policies and procedures of Windsor Street Angels

Signed _____

Date _____

Office Use

DBS Sent for Y/N

DBS Checked Y/N

DBS Requires Follow Up Y/N