## **Volunteer Application Form**



Conway Education Centre

Your information will be handled and stored in accordance with the Data Protection Act 2018. A criminal record will not necessarily be a barrier to obtaining a position with CEC. CEC adheres to Access NI Code of Good Practice, a copy of which is available on request.

Name:			
Addres	ss:		
Tel/Mo	obile:		
Email:			
1.	Why would yo	ou like to volunteer with CEC?	
2.	What voluntee	ering role with CEC interests you most?	
3.	Have you any	particular illness or disability which might affect your work as a volun	teer?

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Please give below the names and addresses of two people who know you well and who we may approach for a reference.			
Name:	Name:		
Address:	Address:		
Phone/Email:	Phone/Email:		
	<del></del>		
Please sign and date this application			
Signed:	Date:		
-			
For office use only:			
Access NI reference no:			
Date ID checked			
ID checked by			
Date Access NI certificate issued			