



Co-ordinator / Administrator
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APPLICATION FORM FOR VOLUNTEER HELPERS

This form must be completed by all prospective new skippers, crew and other volunteers. If there is insufficient space in any of the boxes please attach a separate piece of paper making clear the question to which your answer refers.

Name Date of Birth

Address Telephone No

..... Mobile No.....

.....

.....

Email

Position(s) applied for

Tell us briefly how you have spent your time in the last 10 years.

What recent boating experience have you had?

Please describe any experience you have of people with disabilities.

Are you willing to undergo Disclosure and Barring Service checks? Yes No
(CRB checks became DBS checks in 2013)

Please give details of any boating qualifications you hold together with expiry dates

Please give details of any first aid qualifications you hold together with expiry dates

Please give details of any food hygiene certificates you hold

Please list any other relevant qualifications you hold

Please give the names, addresses and contact details (including email address if possible) of 2 people we can approach to obtain character references

Name:	Name:
Address:	Address:
Telephone:	Telephone:
In what capacity do they know you?	In what capacity do they know you?
How many years have they known you?	How many years have they known you?

What is your motivation for wanting to help DART?

Signed

Date