



Community Benefit Society (8486)

A RAILWAY OWNED BY THE COMMUNITY FOR THE COMMUNITY

# Volunteer Application Form

| Name:                              | Phone No:                   |
|------------------------------------|-----------------------------|
| Address:                           |                             |
|                                    |                             |
| Email address:                     |                             |
| Date of birth (if under 16 years): |                             |
| Emergency contact name:            | Emergency Contact phone no: |

| Roles: See information pack for details. Which ones(s) are you interested in? |                |               |                  |  |
|---|----------------|---------------|------------------|--|
| Ticket Office $\Box$ Station Host $\Box$                                      | Train Driver 🗆 | Train Guard 🗆 | Conductor $\Box$ |  |
| Maintenance/Ground Care 🗆 Marketing/Publicity/Social media 🗆                  |                |               |                  |  |
| Fundraising/Admin Support 🗆 Trustee/Board Member 🗆 Craft Group 🗆              |                |               |                  |  |
| ASN Advisor  HSE Advisor  | Other 🗆        |               |                  |  |

### Skills and Experience:

Please give brief details of your skills and experience that might be useful in this role. This can include your employment background, previous volunteering, relevant training, etc.

Background, Interests and Other Relevant Information:

Please give brief details. This can include hobbies and interests but also anything we might need to do to support you in your volunteering role at AVCR:

#### <u>Time Availability</u>

When can you volunteer? Tick all the times below that apply: Daytime: All day 
Morning 
Afternoon 
Weekends: Saturday 
Sunday

#### Referral Information:

| How | did | you | find | out | about | our | volunteering | opportunities? |
|-----|-----|-----|------|-----|-------|-----|--------------|----------------|
|     |     |     |      |     |       |     |              |                |

| Current Volunteer 🗆 | Website 🗆 | Social media 🗆 | Visitor 🗆 | Other 🗆 |
|---------------------|-----------|----------------|-----------|---------|
|                     |           |                |           |         |

| Signature:   | Date |  |  |
|--|------|--|--|
| Name of Parent/guardian (Please print)<br>(if under 16) Please print | Date |  |  |
| Signature of Parent/Guardian<br>(if under 16)                        | Date |  |  |
| Reviewed by: (AVCR Board only)                                       | Date |  |  |
|  |      |  |  |

Please return this form to either a Board Member, post in Station Post Box or email to

## AVCRvolunteering@gmail.com

We will respond to you as soon as we can. Thank you!

#### Data Protection Act 2018

For more on how ACVR will handle your personal information, please refer to the Privacy Notice, which is available to read on our website.

#### www.avcr.org.uk

| Document Amended        | Date     |  |  |
|-------------------------|----------|--|--|
| Adjustments - YB/JB/GMM | 05/03/24 |  |  |
|                         |          |  |  |
|                         |          |  |  |