

**VOLUNTEER COORDINATOR**

**APPLICATION FORM**

**IN CONFIDENCE PLEASE COMPLETE IN BLACK INK OR TYPESCRIPT**

**POST APPLIED FOR: Operations Manager**

**CLOSING DATE: 21st February APPLICATION REF NO:**

1. **PERSONAL DETAILS**

NAME:

FULL ADDRESS:

TEL NUMBER/S FOR CONTACT:

NATIONAL INSURANCE NO:

1. **EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| SUBJECTS PASSED AT G.C.S.E. ‘O’ LEVEL (OR EQUIVALENT) | YEAR | SUBJECTS PASSED AT G.C.S.E. ‘A’ LEVEL (OR EQUIVALENT) | YEAR |
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|  |  |  |  |

UNIVERSITY DEGREE(S) OR DIPLOMA OR FURTHER EDUCTION OR OTHER RELEVANT TRAINING

|  |  |  |  |
| --- | --- | --- | --- |
| UNIVERSITY/  COLLEGE | DATES | SUBJECT | QUALIFICATIONS GAINED |
|  |  |  |  |
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1. **PROFESSIONAL QUALIFICATIONS**

|  |  |  |
| --- | --- | --- |
| NAME OF PROFESSIONAL BODY OR BODIES | 1. BY EXAMINATION   DATE AND RESULT | (II) BY ELECTION |
|  |  |  |
|  |  |  |
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**4) PRACTICAL EXPERIENCE**

**PLEASE GIVE DETAILS OF RELEVANT POSITONS HED**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF EMPLOYER | POSITION | DATES | DUTIES OF POST |
|  |  |  |  |
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|  |  |  |  |

**5)**

**OTHER EXPERIENCE – PLEASE GIVE DETAILS OF ANY OTHER EXPERIENCE OR QUALIFICATIONS YOU FEEL IS RELEVANT TO THIS APPLICATION:**

1. **REASON FOR APPLYING FOR THIS POST**

**PLEASE OUTLINE IN A SEPARATE LETTER WHY YOU HAVE APPLIED FOR THIS ROLE AND DESCRIBE HOW YOUR EXPERIENCE WOULD BENEFIT YOU IN FULFILLING THE REQUIREMENTS OF THE POST AS DETAILED IN THE JOB DESCRIPTION USING THE FOLLOWING HEADINGS:**

**Competence** - how your training and experience will contribute to Share’s outdoor offering

**Character** - how your character allows you to interact with staff and customers in a positive way to deliver Share’s ethos

**Credibility** - how you think your behaviour and values are perceived by others and how this contributes to delivering a professional and trusted environment for customers and staff.

1. **MOBILITY**

DO YOU HOLD A VALID DRIVING LICENCE? **YES/NO**

CAN YOU PROVIDE A CAR**? YES/NO**

1. **DISABILITY**

ARE YOU REGISTERED DISABLED OR ELIGIBLE FOR REGISTRATION? **YES/NO**

1. **ILLNESS**

GIVE DETAILS OF ANY MAJOR ILLNESS/INJURY WITHIN THE PAST TWO YEARS? **YES/NO**

**10) REFEREES**

**PLEASE NAME TWO REFEREES, AT LEAST ONE OF WHOM SHOULD BE YOUR PRESENT OR MOST RECENT EMPLOYER. THESE REFEREES MAY BE APPROACHED IF YOU ARE SHORT-LISTED FOR INTERVIEW, UNLESS YOU SPECIFICALLY REQUEST OTHERWISE**.

NAME:

ADDRESS:

NAME:

ADDRESS:

**11 )DECLARATION**

I DECLARE THAT THE INFORMATION SET FORTH IN THIS APPLICATION FORM IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE.

SIGNATURE: DATE

RETURN COMPLETED APPLICATION FORMS TO: [**info@sharevillage.org**](mailto:info@sharevillage.org) **closing date,**

**Monday 23rd March 12 noon.**