

Jersey Employment Trust Volunteer Application Form

Thank you for expressing an interest in volunteering with Jersey Employment Trust. We hope you find your volunteering experience with us a rewarding one.

Tel:	Postcode: Mobile:									
mail:										
Date of Birt	Male/Female:									
Days / Time	s you	ı are a	availa	ble to	volu	nteer:				
Mon	Tues		Wed		Thurs		Fri		Sat	
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What would you like to achieve by volunteering with Jersey Employment Trust ?							
need we should kn Employment Trust of	now of which cou does not discrimin	problems (i.e. bad back) or specific uld affect your work? Jersey nate people on disability or health grounds e volunteers are placed in appropriate					
Under the Rehabil unspent criminal of		ers Act 1974, do you have any					
Yes	No						
•	u from volunteerin	etails below. Having a conviction will not ng with us. We will carry out a police blunteers process.					
Next of Kin							
Name:		_ Relationship to you:					
Telephone :							
-	• • •	etails of two people. support worker, tutor etc.					
1). Name:		2). Name:					
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