



Visitor Ambassador Volunteer Application Form

First Name		Surname		Title	
Address					
			Postcode		
Telephone no.		Mobile no.			
Email					
Date of Birth					

Do you have any special needs or requirements?

If yes, please give details:

Please give an indication of when you are available to volunteer. Please fill in the table below by ticking the appropriate boxes

Shift Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10.00 – 12.30							
12.30 – 15.00							

Additional notes regarding availability:

Do you have any qualifications/skills which you feel will be useful for the role? This includes language skills or educational qualifications

If yes, please give details

How did you hear about this opportunity?

Supporting statement

This section gives you the opportunity to give reasons why you would like to apply for a Visitor Ambassador volunteer role. We will use this statement to help ensure you we can work with you so you get the most out of your voluntary experience to support your own development as well as VisitBradford. In the statement, please address the three points below:

- Why would you like to be a Visitor Ambassador?
- What are your strengths/skills which will benefit the role?
- What do you hope and aim to achieve with this opportunity?

Please continue on a separate sheet if necessary

Please indicate the reason(s) that have motivated you to consider volunteering by ticking all applicable options below

Develop new skills	<input type="checkbox"/>	Enhance your CV	<input type="checkbox"/>
Practise old skills	<input type="checkbox"/>	Gain work experience	<input type="checkbox"/>
Make new friends	<input type="checkbox"/>	Make use of spare time	<input type="checkbox"/>
Helping others	<input type="checkbox"/>	Referred by health professional	<input type="checkbox"/>
Gain confidence	<input type="checkbox"/>	Other	<input type="checkbox"/>

The Disability Discrimination Act (1995) defines a person as having a disability if he/she has a physical or mental impairment that has a substantial and short/long term effect on their ability to carry out day to day activities.

Do you consider yourself to have a disability as defined above: Yes/No

Are there any arrangements you would like the council to make if you are interviewed?

References

VisitBradford reserve the right to take up references. Please supply details of two people who have known you for at least twelve months and who are able to comment on your suitability for voluntary work. They could be friends or neighbours but they should not be related to you.

Reference One

Name: _____ Title: _____

Address: _____

Town: _____ Postcode: _____

Email Address: _____

Telephone Number: _____

How does this person know you? _____

Reference Two

Name: _____ Title: _____

Address: _____

Town: _____ Postcode: _____

Email Address: _____

Telephone number: _____

How does this person know you? _____

Declaration

I agree to disclose to VisitBradford any unspent criminal convictions or actions pending against me. I understand that my personal information will be kept in accordance with the Data Protection Act 1988. The information I have given is true to the best of my knowledge.

Signed _____ Date: _____

By signing this form you are giving VisitBradford consent to hold and process this personal information about you and third parties i.e. referees.

Please return completed form either by email or post to:

VisitBradford
Bradford Visitor Information Centre, Britannia House, Broadway, Bradford, BD1 1JF

Email Address: rachel.oxborough@bradford.gov.uk Telephone: 01274 431276