

# Volunteer Application Form 2023

Please complete this form to help us with your application to become a Volunteer at the Aeropark.

**All volunteers must be aged 16 years or over and are expected to help at least 6 days or 12 half days per year.**

Please either return the completed form by post to:

Phil Slater  
16 Coombe Close  
Shepshed  
Loughborough  
LE12 9HH

Or email it to [membership@eastmidlandsaeropark.org](mailto:membership@eastmidlandsaeropark.org)

Or hand it to Me, Pete Stephens, Graham Vale, Ken Williams, at the Aeropark



Registered charity No: 1159587

## Your Details:

|  |                          |  |      |    |       |
|--|--------------------------|--|------|----|-------|
| Title:   | Mr                       | Mrs  | Miss | Ms | Other |
| Surname:   | First name/names:        |  |      |    |       |
| Home Address:  |                          |  |      |    |       |
| Postcode:  |                          |  |      |    |       |
| Telephone Number:  |                          |  |      |    |       |
| Email Address:   |                          |  |      |    |       |
| Date of Birth:   |                          |  |      |    |       |
| Do you have any medical conditions or disabilities that you would like us to know about? |                          |  |      |    |       |
| Yes  | <input type="checkbox"/> | please give us some details of how this may affect you at the Aeropark |      |    |       |
| No   | <input type="checkbox"/> |  |      |    |       |

## Emergency Contact details – Please include a telephone number

|                       |
|-----------------------|
| Name:                 |
| Relationship to you:  |
| Home Address:         |
| Contact Phone Number: |

## About you

|   |     |                          |    |                          |  |
|---|-----|--------------------------|----|--------------------------|--|
| Employed:   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |  |
| Retired:  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |  |
| Relevant current and previous job experience if any |     |                          |    |                          |  |

|   |              |                          |                             |
|---|--------------|--------------------------|-----------------------------|
| Armed Services:   | British Army | Royal Navy               | Royal Air Force             |
| Occupation:   |              |                          |                             |
| Have you done voluntary work before?  | Yes          | <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes where?   |              |                          |                             |
| What interests you about the Aeropark?  |              |                          |                             |
| What type of role appeals to you at the Aeropark?                                     |              |                          |                             |
| Do you have any specific skills or trades which you think would benefit the Aeropark? |              |                          |                             |
| Any other details which would help your application.                                  |              |                          |                             |

### What type of role appeals to you?

|  |
|--|
| Aircraft Engineering                                     |
| Mechanical Engineering                                   |
| Maintenance/DIY/ Grass Cutting                           |
| Guide/Open Aircraft                                      |
| Shop   |
| Gate/Gate Rota/Meet and Greet                            |
| Marketing/Advertising/Administration/Library/I.T support |
| Educational Visits                                       |

### When would you be able to volunteer on a regular basis?

### When would you be able to volunteer on a casual basis?

|           |        |                          |        |                          |           |        |                          |        |                          |
|-----------|--------|--------------------------|--------|--------------------------|-----------|--------|--------------------------|--------|--------------------------|
| Tuesday:  | Summer | <input type="checkbox"/> | Winter | <input type="checkbox"/> | Tuesday:  | Summer | <input type="checkbox"/> | Winter | <input type="checkbox"/> |
| Thursday: | Summer | <input type="checkbox"/> | Winter | <input type="checkbox"/> | Thursday: | Summer | <input type="checkbox"/> | Winter | <input type="checkbox"/> |
| Saturday: | Summer | <input type="checkbox"/> |        |                          | Saturday: | Summer | <input type="checkbox"/> |        |                          |
| Sunday:   | Summer | <input type="checkbox"/> | Winter | <input type="checkbox"/> | Sunday:   | Summer | <input type="checkbox"/> | Winter | <input type="checkbox"/> |

Would you be prepared to work once a month on a Thursday, Saturday or Sunday on the Gate, Shop, or opening an aircraft to the public? Yes  No

Would you allow us to arrange a CRB (Criminal Records Bureau) check? Yes  No

**If required** could you provide us with the Name and Address of a Referee? (Preferably a previous employer) Yes  No

**Please sign to show that you agree to:**

- a) The rules of the A.V.A Constitution.
- b) At all times follow and abide by A.V.A Risk Assessments, Method Statements and any other Health & Safety procedures relevant to the work you are undertaking.
- c) The A.V.A keeping your personal details on our computer database (all information we hold is secure and only certain committee members may access the data we hold. No personal information will be shared with any 3<sup>rd</sup> party without full permission from yourself.

Signature

Date

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**OFFICE USE ONLY**

|                              |
|------------------------------|
| Introduction tour done by    |
| Introduction tour date       |
| Agreed roles at the Aeropark |
| Start date                   |

**OFFICE USE ONLY**

|  |  |
|--|--|
| <p><b>PAYMENT:</b></p> <p>Cash..... <input type="checkbox"/></p> <p>Cheque/card..... <input type="checkbox"/></p> <p>Payment taken by:</p> <p>Name.....</p> <p>Signature.....</p> <p>Date.....</p> | <p>Membership No:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"><b>VA</b>.....</div> <p>Sent by.....</p> <p>Signature.....</p> <p>Date.....</p> |
|--|--|