

Volunteer Application Form 2025

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

All volunteers must be aged 18 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

Or hand it to Me, Barrie Clark, Graham Vale, or 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"/>	Winter	<input type="checkbox"/>	Saturday:	Summer	<input type="checkbox"/>	Winter	<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 DBS (Disclosure & Barring Service) check?

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 (copy available on request).
- 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 3rd party without full permission from yourself).

Signature

Date

OFFICE USE ONLY

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

OFFICE USE ONLY

<p>PAYMENT:</p> <p>Cash..... <input type="text"/></p> <p>Cheque/card..... <input type="text"/></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;">VA.....</div> <p>Sent by.....</p> <p>Signature.....</p> <p>Date.....</p>
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