The Albany and Entelechy Arts in partnership with Lewisham Council.

# H:\Programme\PROGRAMME DEVELOPMENT\Meet Me at the Albany\MMatA\Lewisham logo.jpg

**If you need a larger print version of this form then please contact us.**

|  |
| --- |
| **Project Title:** |
| **Full name:** |
| **Date:** |

|  |
| --- |
| Personal Information |

|  |  |
| --- | --- |
| Preferred pronouns - please choose | She/Her He/Him They/Them |
| Date of Birth |  |
| **Home address** |  |
| Borough |  |
| Post Code |  |
| Tel: | Mobile: |
| Email Address |  |
| How would you like us to contact you? (Email, phone, post) |  |

Why would you like to volunteer with Entelechy Arts for the Meet Me programme? *This includes Meet Me at the Albany, Remote Clusters, Meet Me at the Movies and Meet Me on the Move.*

What would you like to gain from volunteering with the Meet Me Programme?

|  |
| --- |
| **Supporting Statement** |

Do you have skills and experience in any of the following, which may be relevant to the role? (Please circle or highlight as appropriate)

|  |  |  |
| --- | --- | --- |
| Poetry & Writing | Fashion & Textiles | Gardening |
| Film | Music & Singing | Movement & Dance |
| Craft | Photography | History |
| Sports & Fitness | Therapy & Wellness | Theatre & Performance |
| Food & nutrition | Painting & drawing | Other |

Please feel free to expand:

Please indicate your availability:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| EVE |  |  |  |  |  |  |  |

How long would you like to volunteer for us?

|  |  |  |  |
| --- | --- | --- | --- |
| Occasionally | 0-3 Months | 4-6 Months | 6+ Months |

Below, we are asking for some additional information about you. This is to make sure the opportunity is suitable for you and that we are able to support you. (I.e., that we can meet any mobility or disability requirements you may have).  You do not have to give this information, however some of the details may be necessary for carrying out certain roles.

|  |  |
| --- | --- |
| **Volunteer Additional Needs** | |
| Do you have any mobility needs we should know of? |  |
| Do you have any medical conditions/allergies you think we should know of? |  |
| Do you have any communication needs? |  |
| Do you have any dietary requirements? |  |

|  |  |
| --- | --- |
| **Volunteer Emergency Contact** | |
| Name of Emergency Contact: |  |
| Relationship to you: |  |
| Home address: |  |
| Mobile Telephone number: |  |
| Alternative Telephone Number: |  |

|  |
| --- |
| **Declaration:** I certify the information given on this form is to the best of my knowledge true and complete. |
| **Signed: Date:** |
| **Note:** Any false statement may cause rejection of application or, if accepted as a volunteer, dismissal |

**Please return this form to**:

Email: [info@entelechyarts.org](mailto:info@entelechyarts.org)

Post: Entelechy Arts, The Albany, Douglas Way, London, SE8 4AG

**More information: 07981 164938 (Meet Me Mobile)**

This role requires an enhanced DBS certificate (formally CRB check). Please indicate that you agree to this when required: YES NO

If you already hold an enhanced DBS certificate, please indicate:

Certificate number:

Issue Date:

|  |  |
| --- | --- |
| Please provide details of 2 people who can provide a reference. They should not be a relative. | |
| **Referee 1** | **Referee 2** |
| Name: | Name: |
| Address: | Address: |
| Tel: | Tel: |
| Email: | Email: |
| In what capacity do you know this referee? | In what capacity do you know this referee? |
|  |  |