Volunteer Application Form 2024

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



Registered charity No: 1159587

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

Your Details:	
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Title:	Mr	Mrs	Miss	Ms	Other
Surname	9:				First name/names:
Home A	ddress:				
Postcod	e:				
Telepho	ne Num	ber:			
Email Ac	ldress:				
Date of I	Birth:				
Do you h	nave any	/ medical o	condition	s or d	lisabilities that you would like us to know about?
Yes	plea	ise give us	some de	tails o	of how this may affect you at the Aeropark
No					

Emergency Contact details – Please include a telephone number

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

About you

About you							
Employed:	Yes	No					
Retired:	Yes	No					
Relevant curr	ent and p	previous job ex	perience if a	ny			

Armed Services:	British Army	Royal Navy	Royal Air Force
Occupation:			
Have you done volu	untary work before?	Yes N	o
If yes where?			
What interests you	about the Aeropark?		
What type of role a	ppeals to you at the A	Aeropark?	
Do you have any sp	ecific skills or trades v	which you think wo	uld benefit the Aeropark?
Any other details w	hich 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?

Yes

					<u></u>		40101	
Tuesday:	Summer	Winter		Tuesday:	Summer		Winter	
Thursday:	Summer	Winter		Thursday:	Summer		Winter	
Saturday:	Summer			Saturday:	Summer			
Sunday:	Summer	Winter		Sunday:	Summer		Winter	

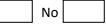
Would you be prepared to work once a month on a Thursday, Saturday or Sunday on the Gate, Shop,

or opening an aircraft to the public?

Yes

No

Would you allow us to arrange a CRB (Criminal Records Bureau) check?



If required could you provide us with the Name and Address of a Referee? (Preferably a previous

Yes

employer)

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

PAYMENT:	Membership No:
Cash Receipt No:	VA
Payment taken by:	
Name	Sent by
Signature	Signature
Date	Date