

## Volunteer Application Form

Name :		
Address:		
Tel :		
Email:		
Are you aged Over 16?	YES:	NO:
<u>Which volunteering opportunity are you interested in at Lincoln Castle?</u>		
<u>Tell us a bit about yourself and why you want to volunteer with us.</u>		
<u>Which days/hours of the week are you available to volunteer?</u>		
<u>How did you find out about us?</u>		

# VOLUNTEER AT LINCOLN CASTLE

## References

If you accept a volunteering offer, we may decide to contact two people (who should not be related to you) in order to obtain a character reference. Please note that we will also take up Disclosure and Barring Service checks if you are involved in regulated activity.

Referee One	
Name	
Address	
Postcode	
Email	

Referee Two	
Name	
Address	
Postcode	
Email	

Please return this completed form to:

[Lincoln\\_Castle@lincolnshire.gov.uk](mailto:Lincoln_Castle@lincolnshire.gov.uk) or

Volunteer Applications, Lincoln Castle, Castle Square, Lincoln LN1 3AA



LINCOLN CASTLE