



24 Station Rd, Colwyn Bay, LL29 8BU

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Volunteer Application Form

Thank you for your interest in volunteering with Creadigol Colwyn Creative CIC.

Our volunteers play a vital role in helping us deliver inclusive arts, theatre, puppetry, creative workshops and community events. We welcome applications from people of all backgrounds and abilities.

Please complete this form and return it to us by email or in person.

Personal Details

Full Name: _____

Address:

Postcode: _____

Telephone: _____

Email: _____

Date of Birth (if under 18): _____

Emergency Contact

Name: _____

Relationship: _____

Telephone Number: _____

Volunteering Interests

What areas would you be interested in supporting?

- ☐ Children's workshops
- ☐ Adult workshops
- ☐ Inclusive and accessible sessions
- ☐ Theatre and performance projects
- ☐ Puppetry activities
- ☐ Arts and crafts activities
- ☐ Event support
- ☐ Front of house and visitor welcome
- ☐ Marketing and social media
- ☐ Photography and videography
- ☐ Administration
- ☐ Fundraising
- ☐ Set, prop or costume making
- ☐ General support
- ☐ Other: _____

Availability

Please indicate when you are usually available:

Day	Morning	Afternoon	Evening
Monday	☐	☐	☐
Tuesday	☐	☐	☐
Wednesday	☐	☐	☐
Thursday	☐	☐	☐
Friday	☐	☐	☐
Saturday	☐	☐	☐
Sunday	☐	☐	☐

Skills, Experience & Interests

Please tell us about any skills, experience, hobbies or interests you feel would be useful in a volunteering role.

Why Would You Like to Volunteer With Us?

Additional Support Requirements

We are committed to creating an inclusive environment.

Please let us know if there is anything we can do to support your participation as a volunteer.

References

Please provide details of one person who knows you well and can comment on your suitability for volunteering.

Name: _____

Relationship to You: _____

Telephone: _____

Email: _____

Safeguarding & DBS

Some volunteering opportunities may involve working with children, young people or vulnerable adults.

- ☐ I understand that certain roles may require a DBS check.
 - ☐ I am willing to undertake a DBS check if required.
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Declaration

I confirm that the information provided on this form is accurate to the best of my knowledge.

I understand that completing this form does not guarantee a volunteering placement and that opportunities will be offered based on organisational needs and suitability.

Signature: _____

Date: _____

Privacy Notice

The information provided on this form will be used solely for the purpose of managing volunteer recruitment and support. Your personal information will be stored securely and handled in accordance with UK data protection legislation.

Office Use Only

Date Received: _____

Volunteer Role Offered: _____

Interview/Meeting Date: _____

DBS Required: Yes / No

DBS Completed: Yes / No

Accepted: Yes / No

Notes: