

18 Slater Street, Liverpool, L1 4BS  
Tel: 0151 708 9550



<https://www.treeoflife.org.uk>  
[admin@treeoflife.org.uk](mailto:admin@treeoflife.org.uk)

## APPLICATION FORM

Position applied for: \_\_\_\_\_ or **General Volunteer**

I'd like to work:  Full-time  Part-time  Saturdays

### Personal Details

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Marital Status:  Single  Married  Other Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

### Contact Details

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Landline: \_\_\_\_\_

**Motivation** *Please explain briefly why you want to work at Tree of Life.*

\_\_\_\_\_  
\_\_\_\_\_

Do you have previous experience of working in a  Bookshop  Café  Charity?

**Reference** *Please give the name of a previous employer, church leader or teacher as appropriate who could give an employment or character reference.*

Surname: \_\_\_\_\_ Forename(s): \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Additional Information** *Use this space to give any additional information you feel may be relevant.*

\_\_\_\_\_  
\_\_\_\_\_

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**Current Employment** (if applicable)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Current Post and Summary of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment** (please list most recent position first)

Employer	Position	Full/Part-time	Started	Ended	Reason for leaving

**Education Details**

Secondary School	Year Started/Finished	Subject	Grades
Further Education			

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**Church**

Are you currently part of a church?  No  Yes (state which): \_\_\_\_\_

Address: \_\_\_\_\_

Church Leader: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health**

Are you currently on any medication?  No  Yes (state which): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you suffer from any serious illnesses?  No  Yes (state which): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How many days over the past year have you been unfit for work due to ill health? \_\_\_\_\_

**Rehabilitation of Offenders Act 1974**

Have you had any criminal convictions which are not yet 'spent' under the act?  Yes  No

**Declaration**

I declare that the information contained in this form is true and complete. I understand that if it is subsequently discovered that any statement is false or misleading then the Manager, in consultation with the Trustees of Charitable Institution House, have the right to dismiss me from my employment. I also understand that any offer of employment is subject to a satisfactory reference.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY BELOW THIS LINE**

Manager.....

Interview.....

Reference.....

Action.....