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| **VOLUNTEER APPLICATION FORM**  **(Working with Children, Young People & Vulnerable Adults)** | | | | | |
| **1. Personal Information** | | | | | |
| Title: | Forename(s): | | | Surname: | |
| Known as: | | | | | |
| Any previous names by which you have been known: | | | | | |
| Date of Birth: | | | | | |
| Home Address:  Postcode: | | | | | |
| Daytime Tel No: | | Mobile Tel No: | | | Evening Tel No: |
| Email Address: | | | | | |
| **2. Education, Training & Qualifications Information** | | | | | |
| Please give details of any relevant training and qualifications which you feel equip you to work with children, young people and/or vulnerable adults. Please include dates. | | | | | |
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| **3. Employment & Voluntary Work Experience** | | | | | |
| Please provide a full history (with dates wherever possible) of any previous experience you may have of looking after and/or working with children, young people and/or vulnerable adults, whether paid or voluntary. | | | | | |
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| **4. Church Involvement** | | | | | |
| Please provide a full history (with dates wherever possible) of your church involvement (current and previous). | | | | | |
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| **5. Why do you want to volunteer?** | | | | | |
| Please tell us why you wish to volunteer to work with children, young people and/or vulnerable adults and the skills & qualities you think you would bring to the role. Please also tell us about any skills or experience you hope to gain through this opportunity: | | | | | |
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| **6. Health Information** | | | | | |
| Please provide information about any disability or health issue that we should be aware of, in order that we can identify what support or reasonable adjustments we can provide for you to undertake volunteering duties safely. | | | | | |
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| **7. References** | | | | | |
| All voluntary appointments are subject to receipt of satisfactory references. At least 2 references will be sought using the information provided at sections 3 & 4 above. Please also provide details of personal referees here. Referees must be over 18 and not family members or relatives. Please note that 'Self-supplied’, ‘to whom it may concern’ and verbal references will not be accepted. All information received will be treated in confidence and in compliance with Data Protection laws (GDPR). | | | | | |
| Name: | | | Telephone No: | | |
| Address (including postcode): | | | Email Address: | | |
| In what capacity do you know this person? | | | | | |
| Name: | | | Telephone No: | | |
| Address (including postcode): | | | Email Address: | | |
| In what capacity do you know this person? | | | | | |
| **8. Declaration** | | | | | |
| * I confirm that to the best of my knowledge the information I have provided on this form is correct. I accept that providing deliberately false, or concealing relevant information, could result in termination of my role as a volunteer. * I understand that any offer of appointment to a volunteering role is subject to satisfactory pre-appointment checks as well as completion of a Confidential Declaration Form and satisfactory disclosure from the Disclosure and Barring Service at the appropriate level, where this is a requirement of the role as stated on the volunteer role description. I give consent to approaching the referees detailed above for the purpose of obtaining references. * I understand that if I am appointed to a volunteering role there will be a settling in period and that I will be expected to complete a volunteer induction programme and undertake safeguarding and other relevant training as required. | | | | | |
| **Signed:** | | | **Print Name:** | | |
| **Date:** | | |