**Volunteering Application Form**

If you require assistance completing this form, please contact the Volunteer Supervisor/Co-ordinator for the service you are applying to.

|  |
| --- |
| Title: |
| Name: |
| Address: |
| Postcode: |
| Date of birth: |
| National Insurance Number: |
| Telephone number for use to contact you (Monday to Friday, 9am to 5pm): |
| Email Address: |
| How did you hear about volunteering opportunities in our service? |
| Which volunteering role are you applying for? |
| Please tell us why you want to become a volunteer |
| What knowledge, skills and experience have you acquired from either life experiences, education, training or employment, previous volunteer work, or other activities, including hobbies/sports, that you feel will support your application to become a volunteer? |
| What personal qualities do you have that you consider to be important for a role as a volunteer? |
| Have you volunteered before? If so, where? |
| If you have ever been refused work as a volunteer or asked not to volunteer anymore, please indicate when this was, for which service/organisation and why: |
| Do you have either a working/professional or a personal relationship with any client or member of staff who is involved with, or works for a service we manage? If yes, please state ‘client’ or ‘staff’, the name of the service and the nature of your relationship. For confidentiality reasons, do not state the name of the person. |

At present, are you currently:

|  |  |
| --- | --- |
| 🞏 Employed | 🞏 Unemployed |
| 🞏 Volunteering | 🞏 In further/higher education |

During which hours are you available to volunteering? Please tick the appropriate box(es)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | MON | TUE | WED | THU | FRI | SAT | SUN |
| Mornings |  |  |  |  |  |  |  |
| Afternoons |  |  |  |  |  |  |  |
| Evenings |  |  |  |  |  |  |  |

|  |
| --- |
| Use this space to tell us any other information you feel we need to be aware of, or that you would like to tell us about. |
| Please confirm any additional support needs you have in order to carry out this particular volunteer role: |

**References**

Please give details of two referees who can comment on your ability to volunteer. Please state your relationship to this person

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How does this person know you?

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How does this person know you?

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

**Person to notify in an emergency**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address |  | | |
| Post Code |  | Home Phone |  |
| Work Phone |  | Mobile Phone |  |
| Email |  | | |

**Criminal Records Disclosure - Rehabilitation of Offenders Act 1974**

Volunteer positions are subject to the Rehabilitation of Offenders Act (Exceptions Order) 1975 and as such it will be necessary for a submission for Standard/Enhanced Disclosure (depending on role) to be made to the Disclosure and Barring Service (DBS) (formerly known as CRB) to check for any previous criminal convictions. You will be required to complete a DBS Form prior to any successful confirmation of a position. Please note that this does not incur a fee.

The Rehabilitation of Offenders Act helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions to employers after the rehabilitation period set by the Court has lapsed and the convictions become ‘spent’. During the rehabilitation period, convictions are referred to as ‘unspent’ convictions and must be declared to employers. However, we ask you to declare ‘spent’ convictions if the role is listed in the Exceptions Order (typically activity that involves working with children and/or vulnerable adults or providing personal care to others) or where the role is listed in Regulations made under the Police Act 1997.

If this application is for a non-patient facing volunteer role, do you have any convictions that are ‘unspent’ to declare? If it is for a patient facing role you must declare all convictions - ‘spent’ or ‘unspent’. Failure to make any declarations may cause the Trust to withdraw any offers made to you. Declared convictions do not necessarily mean that you cannot volunteer for us. The Trust has a risk assessment process in order to safeguard yourself, our service users and carers. If you declare convictions, we will ask you to take part in this risk assessment process.

The Trust is committed to treating all applicants for voluntary positions fairly and on merit regardless of race, gender, marital status, religion, disability, sexual orientation, age or belief and undertakes not to discriminate unfairly against applicants on the basis of a criminal conviction or other information declared.

**Agreement and Signature**

By submitting this application form I affirm that the facts included in it are true and complete.

I understand that any appointment offered is subject to a DBS check, health assessments, references, and satisfactory completion of the mandatory training programme.

I accept that any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I understand that no person who has a conflict of interest with the Trust, whether personal, philosophical, or financial shall be accepted to serve as a volunteer.

I understand that “expenses payable for volunteer involvement may have an impact on any other payments I may be in receipt of”.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_