#

# VOLUNTEER APPLICATION FORM

Please complete this form in **BLOCK CAPITALS**.

All information will be treated as confidential

Surname …………………………………. Mr/Mrs/Miss/other ……………………………

Forenames ……………………………….

Address ……………………………………………………………………………………………

……………………………………………………………………………………………………...

Post Code ………………………….. Telephone No. ………………………………..

Occupation………………………………….. Mobile No …………………………………….

Email address ......................................................................................................................

It is alright for us to telephone you at work? Yes/No/Not Applicable

Have you done any voluntary work before? Yes/No

If Yes, please tell us what you have done

…………………………………………………………………………………………………….

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Have you any experience of people with a learning disability? Yes/No

If Yes, give details ……………………………………………………………………………….

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Why would you like to become a volunteer?

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Which department are you interested in volunteering in? Please tick those that apply.

Open Door Social Clubs Active Arts Westwood Charity Shop

What would you like to gain from your volunteering experience?

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Can you give a short description of what you have been doing with your life since leaving school i.e. your employment, volunteering and education history.

|  |  |  |
| --- | --- | --- |
| **Date started** | **Date finished** | **Description** |
|  |  |  |

Write down the skills/experience or training which you have to offer. Please use the work outline to complete this section

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Please outline any special skills/interests you have to offer; also state anything that you do not like doing

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What time do you have available for volunteering; please tell us if you are available for specific hours/days or even weeks/months

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Training is provided for Volunteers. What would you hope to gain from this?

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Do you own a car/have use of a car? Yes/No

If so, are you prepared to use if whilst volunteering? Yes/No

(Mileage expenses paid)

|  |
| --- |
| **HEALTH INFORMATION** |
| Do you consider yourself disabled? | Yes/No |
| If yes, please detail any reasonable adjustments you are aware of that you would like the company to consider. |  |
| Please list all absences from work in the past 12 months and the reasons for such absences. |  |

Please give details of two people (not relations) who can provide a character reference for you. Contact to your referees will be by writing in confidence and may be followed up with a phone call.

1. 2.

Name: Name:

Address: Address:

Daytime Tel. No.: Daytime Tel. No.:

Evening Tel. No.: Evening Tel. No.:

How did you find out about volunteering?

………………………………………………………………………………………………….………………………………………………………………………………………………….………………

**We are committed to best practice in volunteer recruitment and will ensure that**

**those working directly with people, as a volunteer, are appropriately screened.**

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| --- |
| * **CRIMINAL RECORD**
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| * Please note any criminal convictions, except those spent under the *Rehabilitation of Offenders Act 1974*. If none, please state.
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|  |

Please note that a criminal record will not necessarily prevent you from working as a volunteer. However, because of the vulnerability of some of the people with whom we work, we reserve the right to conduct checks as deemed necessary.

**PRIVACY:**

Please take time to read the attached privacy statement.

The information provided on this application form will remain confidential and will be used for the purpose of selection. By signing this form you will be giving your consent for us to process your data in accordance with the General Data Protection Regulations as set out in the Society’s privacy statement.

**DECLARATION**

I declare that to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration or misleading statement or any significant omission may disqualify me from volunteering and render me liable to dismissal. I understand that any offer is subject to satisfactory references and a probationary period and (where appropriate) a satisfactory medical report. I understand that if this post involves direct working with people with a learning disability, the post is subject to a Criminal Records Check (Disclosure). Should I be offered such a post, I understand that I will need to seek a Criminal Record Check from the Criminal Records Bureau, before the appointment is confirmed.

Signature: …………………………………….. Date: …………………………………..

Please return this form to:

Mrs Pauline Fletcher, Hastings & Bexhill Mencap Society

64 London Road, St Leonards on Sea, East Sussex TN37 6AS

**Thank you for completing this form. Please return it in the envelope provided**

Hastings & Bexhill Mencap Society

Frimley

64 London Road

St Leonards on sea

E Sussex

TN37 6AS

01424 424813

hastings.mencap@yahoo.com

hastings-bexhill-mencap.org

# Company no 4392494 England

Charity no 1092206

**EQUAL OPPORTUNITIES MONITORING FORM**

In order to help us ensure our Equal Opportunities policy is being carried out, it would help if you could complete this form. Any information you provide will be used for no purpose other than for monitoring. This form will be separated from your application form on receipt and it will play no part in our decision on who we select for a volunteer role.

Role applied for: Location:

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 Your full name: Date of birth:

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 How would you describe your ethnic origin? Please tick as appropriate

 White Pakistani

Irish Bangladeshi

Black-Caribbean Indian

Black-African Chinese

Black-Other Asian-Other

Mixed Other

Are you … Male Female?

Do you consider yourself to be disabled? Yes No

If yes, please give brief details of your disability and any special access/mobility needs

Do you consider yourself to have a Yes No

learning disability?

Are you … Employed full time Employed part time

 Retired Unemployed

 Student Carer

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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