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| This application is **private & confidential**  Please write clearly or type **clearly in black** in order that this form can be photocopied | | | | | |
| **Application for the post of:** | | | | | |
| **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. | | | | | |
|  | | | | | |
| **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. | | | | | |
|  | | | | | |
| **4. Church Involvement**  Please provide a full history (with dates wherever possible) of your church involvement (current and previous). | | | | | |
|  | | | | | |
| **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: | | | | | |
|  | | | | | |
| **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**  Please give the names and addresses of two people who have known you for at least two years, one of which should be a current employer or previous church. Referees must be over 18 and not be family members or relatives. Please note that 'Self-supplied’, ‘to whom it may concern’ and verbal references will not be accepted. | | | | | |
| 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 and I accept that providing deliberately false information could result in my 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 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 relevant safeguarding training. | | | | | |
| Signed: | | | Print Name: | | |
| Date: | | |

Please return this form to: