**Volunteer Application Form (Confidential)**

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| --- |
| **Please complete all sections of this form.** **I am interested in:*** **any volunteer role**
* **a specific role/area** **Please give details:**
 |

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Family name |       | First name |       |
|  |  |  |  |
| Address for correspondence |       |
|  |  |  |  |
| Phone |       | Mobile number |       |
|  |  |  |  |
| Email Address |       |
|  |  |
| Are there any restrictions or conditions that may affect your ability to enter/remain or work in the UK? | Yes [ ]  | No [ ]  |
|  |  |  |
| Do you have any specific requirements to enable you to take part in an interview? | Yes [ ]  | No [ ]  |
|  |  |  |

**Experience, Interests and Skills including current or most recent work/activity**

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| --- |
| Please tell us about your experience, skills, hobbies, interest and activities that you have been involved with – either paid or unpaid. And why you would like to volunteer? |
|       |

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| --- | --- | --- |
| Do you speak other languages? | Yes [ ]  | No [ ]  |
| If ‘Yes’, which languages do you speak? |       |

**Training – please tell us about your qualifications or courses attended**

Will you have other work in addition to the volunteering you have applied for?

If yes, please give an average number of hours you work per week:

What is the maximum number of hours you work per week:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please tick (✔) when you will usually be available to offer work as a volunteer.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday**  | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Morning** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Afternoon** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Evening** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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**Criminal Convictions**

For voluntary positions involved with children, young people and/or vulnerable adults we will undertake a DBS (formerly CRB) Disclosure check and you must complete a disclosure form. Such positions are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act (ROA)1974, therefore, you are required to provide full details of all convictions, cautions and bind-overs including those regarded as spent under the ROA, and any pending prosecutions. Failure to declare a conviction, caution, bind-over or a pending prosecution, may disqualify you from taking up or retaining the voluntary position.

**Relationships**

|  |  |  |
| --- | --- | --- |
| Are you related to, or do you have a friendship with or close personal /business association with, any Councillor OR any employee of either Council? | Yes [ ]  |  No [ ]  |
| **If Yes please complete this section.**  |
| Councillor’s name:  |       |
| Relationship:  |       |
| Employee’s name:  |       |
| Position:  |       |
| Relationship:  |       |

**Referees**

Please provide the name of two referees: ideally one should be your present or most recent employer and the other a previous employer or someone who knows you in a professional or training/education context.

|  |  |
| --- | --- |
| **Name of Referee 1** | **Phone/email address**  |
|       |       |

|  |  |
| --- | --- |
| **Address** | **Occupation and relationship to you** |
|       |       |
| **How long have you known this person?** |       |

|  |  |
| --- | --- |
| **Name of Referee 2** | **Phone/email address**  |
|       |       |

|  |  |
| --- | --- |
| **Address** | **Occupation and relationship to you** |
|       |       |
| **How long have you known this person?** |       |

**Declaration**

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| --- |
| I declare that all of the above information is correct and I have completed it truthfully. I understand that any volunteer activities offered will be subject to satisfactory references and any other checks. I also understand that providing any false or misleading information to support my application may disqualify me from volunteering with the Council.This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.I agree that the information given on this form may be used for recording and application processing purposes under the Data Protection Act 1998. I have also understood and complied with the provisions concerning the disclosure of criminal convictions. |
| **Signature** |  | **Date** |  |

**Equal Opportunities Monitoring Form**

|  |  |
| --- | --- |
| **Family Name:** |  |
| **Forename/s:** |  |
| **Applied for:** | **VOLUNTEER** |
| **Date of Birth (DD/MM/YY):** |  |
| **Gender:** | **Male** | **[ ]**  | **Female** | **[ ]**  |

**Please read the following carefully before placing a tick in the appropriate box. I would describe myself as being the following:**

**1. White**[ ]  British [ ]  Irish

[ ]  Any other White background e.g. European. Please specify

**2. Mixed**[ ]  White & Black Caribbean [ ]  White & Asian [ ]  White & Black African

[ ]  Any other Mixed background. Please specify

**3. Asian or Asian British**

[ ]  Indian [ ]  Pakistani [ ]  Bangladeshi

[ ]  Any other Asian background. Please specify

**4. Black or Black British**

[ ]  Caribbean [ ]  African

[ ]  Any other Black background. Please specify

**5. Chinese or other ethnic group**

[ ]  Chinese [ ]  Any other. Please specify

**DISABILITY**

The Council is keen to encourage disabled people to apply for volunteering at the Council. The following information is sought for monitoring purposes.

Do you consider yourself to have a disability, which is defined in the Equality Act 2010 as ‘a physical or mental impairment and the impairment has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities’?

YES [ ]  NO [ ]

If YES please indicate the nature of your disability:

Do you require any adjustments in relation to your disability? YES [ ]  NO [ ]

If so, please note that you will need to discuss this with the Council

Declaration

I understand that any information given relating to racial or ethnic origin, physical or mental health and criminal convictions constitutes sensitive data as defined by Section 2 of the Data Protection Act 1998. I hereby consent to the processing by the Council for the purposes set out above of all information given by me including such information as constitutes sensitive data.

|  |  |
| --- | --- |
| **Signature of Applicant:** |  |
| **Print Name:** |  |
| **Date:** |  |