



**CONFIDENTIAL**

**ONLINE APPLICATION FORM**

Thank you for your interest in volunteering with Vision For Vulnerable Communities Foundation. The information you provide in this Application form will help us to decide how you might be useful to help us. It is really helpful if you can give us as much information as possible about your experiences, interests and availability to volunteer. If you have any questions about this form, please do not hesitate to contact us for more details.

**Part 1- The volunteer role you are applying for**

Role Title:

Name of Project:

Location

**Part 2-Personal Information**

First Name

Surname

Title: Mr/Mrs/Ms/Miss

Home address

Day time phone number

Evening phone number

Mobile phone number

Email address

Post code

Date of birth

National I.D Number

**Part 3- How did you hear about our organization**

Word of Mouth

School, college, university

Event

Internet

Media (TV, Radio, Newspaper)

Leaflet or Poster

Volunteer Centre

Other, please give details

**Part 4- Your interests and reasons for applying to volunteer**

What do you hope to gain from volunteering with us?

Please tell us about any hobbies or interests you have that might be relevant to the role you have applied for.

**Part 5- Your availability**

What days and times would best suit you and how often would you be able to volunteer?

**Part 6- Your skills and experience**

Please tell us about any paid/voluntary work Experience you have which may be relevant to this role.

Please tell us about any qualification or training you are currently studying for.

We sometimes need volunteers with particular skills. Do you have any of the following skills? Tick any of the boxes which apply

Fundraising

Languages (other than English)

Basic food Hygiene

First Aid

Sign Language

Driving License (Car)

Please state which languages you speak?

Do you have any other skills you would like to share with us?

Yes or No

If yes, please give details below

### **Part 7-References**

Please provide details of two people, who have at least known you for two years that we can ask for references regarding your work/ studies/ experience and your suitability to volunteer with us. Wherever possible, these should be current/ past employers, places you have volunteered or a teacher/ tutor/ social worker.

1. Title: Mr/Mrs/Ms/Miss

Name:

Address:

Post code

Tel No:

Email Address:

Occupation:

How do you this person?

When did you last have contact with this person?

2. Title: Mr/Mrs/Ms/Miss

Name:

Address:

Post code

Tel No:

Email Address:

Occupation:

How do you this person?

When did you last have contact with this person?

### **Part 8- Support and Health needs**

Do you have any disabilities, health needs or extra support needs that we should be aware of when you organizing your volunteering?

Yes or No

If yes, please give details to help us to plan your volunteering:

### **Part 9- Emergency contact details**

Please give details of someone we may contact in an emergency if needed.

Full names:

Address:

Tel No. (s) Day

Evening

Mobile

How are you related to this person?

## **Part 10-Declaration of Criminal Records and Disqualifications**

As a community charity, we have a duty to protect the children, young people and families whom we work with. The volunteer role you have applied for will impact on what information you are required to disclose under the rehabilitation of offenders act 1974 and / or the child care act 2006. For the volunteer role you have applied for, please declare any criminal convictions as follows:

Volunteer roles that do not involve working with children or vulnerable-please complete part 10 A

Volunteer roles working with children and vulnerable adults-please complete part 10 B

### **Part 10 A- Volunteer roles that do not involve contact with children or vulnerable/ protected adults**

Have you ever been convicted of a criminal offence? (You do not need to disclose convictions deemed as 'spent' under rehabilitation of offender's legislation)

Yes or No

If Yes, please give details of all offences, sentences, and dates on separate sheet of paper, in a sealed envelope, marked confidential, for the attention of the volunteer co-coordinator

### **Part 10 B- Volunteer roles working with children or vulnerable protected adults**

Have you ever been convicted of a criminal offence or cautioned, reprimanded or given a final warning by police ('spent' or 'unspent')? (Please read the criminal information guidance on which information to disclose before answering this question.

Yes or No

Are you disqualified from working with vulnerable children / protected adults?

Yes or No

Are you aware of any police enquiries following allegations made against you, which may have a bearing on your suitability for the role?

Yes or No

If Yes, please give details of all offences, penalties, and or police enquiries and dates on a separate sheet of paper, in a sealed envelope, marked confidential, for the volunteer coordinator.

I understand that the relevant checks for the role I am applying for will be sought.

Yes or No

### **Part 11- Data Protection**

We value your support and promise to respect your privacy. The data we gather and hold is managed in accordance with the Data protection Act 1998. We will not disclose or share personal information supplied by you with any third party organization without your consent. We would like to keep you informed about the vital work we do and of volunteering opportunities that may be of interest to you, however if you do not wish to receive this information, please let us know by ticking this box

### **Part 12-For parents/ Guardians of volunteers under 16 only**

I give permissions for the above person to volunteer with your organization and to hold their details on file

I understand that this organization will ask the above person to agree to adhere to all relevant policies and procedures and sign forms during training appropriate to their role.

Signed:

Date:

Print name:

Relationship to prospective volunteer:

### **Part 13- Declaration**

I understand and agree that data contained in this application in this application form will be used for volunteer recruitment purposes and will be held on a computer database. I also agree Vision For Vulnerable Communities Foundation holding this form in paper format in a secure area.

I confirm that the information I have given is correct and complete and that any false statements or omissions my results in my services to be terminated.

Signed:

Print name:

Date:

Are you aged under 16? Yes or No

If you answered Yes, please ensure that part 12 is completed.

**Part 14-Confidential (equal opportunities monitoring)**

How would you describe your religion or belief?

Please tick the boxes that apply to you

Born again Christian

Muslim

Catholic

Protestant

Buddhist

Hindu

Sikh

Jewish

Any other religion

None

Prefer not to say

Do have any disability?

Yes or No

How would you describe your cultural or ethnic origin?

How would you describe your sexual orientation?

Bisexual

Heterosexual / Straight

Gay Man

Gay woman/ Lesbian

Prefer not to say

Other

**Many thanks for taking the time to complete this form.**

**For any queries regarding your application to become a volunteer, please send us an email.**

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