



Volunteer Application Form

CONFIDENTIAL TO FAMILY4SURE

Please complete and return this form to: admin@family4sure.co.uk

Project: **Friend in Deed- Befriending service**

Name			
Address		Address for correspondence (if different)	
Postcode			
E-mail Address			
Phone	Daytime	Evening	
Mobile			
Volunteering role applied for			
Where did you hear about this Family4sure volunteering opportunity?			
Do you have any access requirements? (e.g. large print, wheelchair access)			
Do you speak any languages apart from English (please list)?			
What times are you normally available in:	The daytime <input type="checkbox"/>	The evening <input type="checkbox"/>	The weekend <input type="checkbox"/>
DRIVING			
Do you hold a current full driving licence?	YES	NO	

Would you be prepared to use your own car?	YES	NO
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WHAT DO YOU HAVE TO OFFER

Please write down what you feel you can offer the project. (Skills)

Skills, hobbies and interests

- Experience – What work you have done, whether paid or voluntary?

- Qualifications/training

Do you have any formal qualifications, e.g. teaching, typing or completed any training?

- Is there anything else you would like to tell us?

Please add any further information including any specific skills that you have that match the volunteer role description.

Special support needs

Do you have any tasks or activities you would like to avoid for health reasons when volunteering?

Criminal Records (Rehabilitation of Offenders Act 1974)

As part of our duty of care, we need to ask you about any unspent convictions. A criminal conviction will not necessarily prevent you from becoming a volunteer; the decision will depend on the type of offence and its relevance to the volunteering role.

We will require full criminal record checks.

If you do have any unspent convictions please upload with this form. If you would like to discuss any convictions you may have, please contact admin@family4sure.co.uk

All information will be dealt with according to Family4sure's Confidentiality Policy.

References

We require references from two different people who have known you for at least 2 years and can tell us whether they think you would be a suitable volunteer. Here is a list of people you could ask:

■ Employer	■ Doctor/GP/Health Worker
■ Lecture/ Teacher	■ Landlady/Landlord
■ Volunteer services Coordinator	■ Accountant/Lawyer
■ Community Worker/Social worker	■ Religious Leader

If you cannot think of anyone please contact us so we can help you.

1) Name: How do you know this person? How long for? Address Postcode Daytime telephone number: Email -	2) Name: How do you know this person? How long for? Address Postcode Daytime telephone number: Email -
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Please list below named references:

Please note: we will not contact these people until after your interview.

Keeping your details confidential

This information you have provided will not be shared with anyone else without getting your permission first.

By ticking this box you are giving us permission to store this information on file, and on computer ☐

I confirm that I have completed this application form truthfully:

Signed _____

Date

If you would like to find out more about Family4sure, please log onto our website <http://family4sure.co.uk/> or give us a call. Once we have received your form, We will write to you to invite you to attend a volunteer interview once we receive your form.

For office purposes only Received: Interview date: Interview confirmed: Induction training letter: Attendance confirmed:

Equal Opportunities Monitoring Information

Family4sure positively welcomes employment applications from all sections of the community and is committed to being an equal opportunities organisation. We ask you to provide us with as much of this information as you feel comfortable giving.

The information provided below will be separated from your application before short listing and will be used for monitoring purposes only and will not influence the selection process.

First name (s)

Surname or family name

Volunteer Position applied for

Date of birth (DD/MM/YYYY)

Age Group

16-24 25-34 35-44 45-54 55-64 65 + Do not wish to state

Gender

Male

Female

Do not wish to
state

Do you have a disability?

Yes

No

Do not wish
to state

Please specify if you wish

What is your ethnic group?

White

British

Irish

Any other white background
Please specify

Mixed

White & Black
Caribbean

White & Black
African

White & Asian

Any other mixed background
Please specify

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background
Please specify

Black or Black British

Caribbean

African

Any other Black background
Please specify

Chinese

Chinese

Other Ethnic Group

Please specify

Do not wish to state

What is your religion or belief?

None

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Any other religion or belief *Please specify*

Do not wish state

Sexual Orientation

Bisexual

Heterosexual

Lesbian/gay

Do not wish to state