**VOLUNTARY WORK APPLICATION FORM**

Please complete all sections of this form and return it to the above address.

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| **ABOUT THE ROLE** | | | | | | | | | | | | | | | | | |
| What kind of volunteer work would you like to do? (Please tick or give additional information) | | | | | | | | | | | | | | | | | |
| Trustee | | | |  | | Helper at Adult Club | | | |  | | Fundraiser | | | |  | |
| Office Administration | | | |  | | Helper at Children’s Club | | | |  | | Other | | | |  | |
| If Other, please state the kind of volunteer work you would like to undertake: | | | | | | | | | | | | | | | | | |
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| **YOUR DETAILS** | | | | | | | | | | | | | | | | | |
| Title: (Mr/Mrs/Ms/Miss/Dr/Other) | | | | | | | | | | | | | | | | | |
| Full Name: | | | | | | | | | | | | | | | | | |
| Home Address including Postcode: | | | | | | | | | | | | | | | | | |
| Telephone Number (Landline): | | | | | | | | | | | | | | | | | |
| Mobile Telephone Number: | | | | | | | | | | | | | | | | | |
| Email Address: | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | | | | | | | | | | | | | | |
| **YOUR EXPERIENCE** | | | | | | | | | | | | | | | | | |
| Please give details of your current and previous employment: | | | | | | | | | | | | | | | | | |
| **Company Name** | | | **Company Address** | | | | **Date From** | | | | **Date To** | | | | **Role** | | |
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| Please give details of any relevant qualifications or training attended, and experience including voluntary and informal experiences: | | | | | | | | | | | | | | | | | |
| **Date** | **Qualification / Training / Experience** | | | | | | | | | | | | | | | | |
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| Please say why you want to volunteer for Promise Inclusion and why you think you would be suitable: | | | | | | | | | | | | | | | | | |
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| Please indicate when you are available for volunteer work: | | | | | | | | | | | | | | | | | |
| Evenings | |  | | | Weekends | | |  | Office Hours | | | |  | Other | | |  |

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| **REFERENCES** | | | |
| Please give the names, addresses and telephone numbers of two referees.  These should be people who are not related to you, and one of them should know you in connection with work (paid or voluntary). | | | |
| **FIRST REFEREE**  Full Name:  Address:  Telephone Number:  Relationship to you: | | **SECOND REFEREE**  Full Name:  Address:  Telephone Number:  Relationship to you: | |
|  | | | |
| **REHAILITATION OF OFFENDERS ACT 1974** | | | |
| **You are advised that you are not entitled to withhold information about convictions which are regarded as ‘spent’ under the Rehabilitation of Offenders Act 1974. This is because the nature of the work involved in the appointment renders the post exempt from Section 4 (2) of the Act by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. Any information you may give will be strictly confidential.** | | | |
| Have you ever been convicted of a criminal offence? | | | YES / NO |
| If yes, please write details of all convictions and cautions (Including ‘spent’ convictions) on a separate sheet and attach it to this form. | | | |
| **All volunteers will be subject to references and enhanced DBS checks.** | | | |
| **SIGNED** |  | | |
| **PRINT NAME** |  | | |
| **DATE** |  | | |