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| **Volunteer Application Form - Local Services** |

Please use this form to tell us about yourself and your experiences. We are interested in all relevant experience and skills gained whether through employment, education or volunteering. Please refer to advert and role description when you do this.

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| --- | --- |
| Which volunteer role are you applying for? |  |
| Location of volunteering work? |  |
| Number of hours you are available each week and when? (Monday to Friday 9-5, evenings or weekends) |  |
| How long are you available to volunteer? (approximate date when you may want to finish) |  |
| How will you to travel to family homes and community facilities? |  |
| Where did you hear of the vacancy? |  |

|  |  |
| --- | --- |
| **Personal Details** | |
| Name: | |
| Home Address: | |
|  | |
|  | |
| Post Code: | Day Tel: |
| Mobile Tel: | Eve Tel: |
| E-Mail: | |

|  |
| --- |
| **Tell us about yourself** |
| Please tell us about any paid/voluntary work experience you have which may be relevant to the role |
|  |
| Tell us about any skills and qualifications you have or training courses that you have attended which may be relevant to this role |
|  |
| Tell us about your interests and why you would like to volunteer in this role (what use a separate sheet if necessary) |
|  |

|  |  |
| --- | --- |
| **References** | |
| Please give the names and addresses of two people, unrelated to you, who would give you a personal/professional reference. They should have known you for at least two years. | |
| 1. Title: Mr/Mrs/Ms/Miss   Name:  Address:  Postcode:  Tel no:  Email address:  Occupation:  How do you know this person?  When did you last have contact with this person? | 1. Title: Mr/Mrs/Ms/Miss   Name:  Address:  Postcode:  Tel no:  Email address:  Occupation:  How do you know this person?  When did you last have contact with this person? |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At Family Lives we value your support and respect your privacy. The data you provide is managed and stored in accordance with the Data Protection Act and the UK GDPR. Please read our [Privacy Notice](https://www.familylives.org.uk/privacy/) (attached) for full information about how we process your data.

I give my consent for Family Lives to process special category data about me for the purpose of my application to volunteer.

**4. Disclosure**

Because of the nature of the voluntary work for which you are applying, this post is exempt from the provisions of the Rehabilitation of Offenders’ Act (Exempt Order) 1975. Applicants therefore must disclose information about convictions which for other purposes are ‘spent’ under the provisions of the Act.

1. Under the Rehabilitation of Offenders Act 1974, if this post involves working with people who may be vulnerable, under the rules of Disclosure, we will ask you on selection to complete a formal Disclosure Application which will indicate to what level disclosure will be required. A past conviction will not necessarily be a bar to obtaining a position.

**Have you ever been convicted of any criminal offence? YES / NO**

If YES, please give full details on a separate sheet i.e. offence(s), dates(s) where convicted.

**Are you currently involved in any criminal proceedings for which the outcome is unknown?**

If YES, please give full details on a separate sheet. **YES / NO**

**CRB check**

Would you be willing to undergo a CRB check?  **YES / NO**

I declare that the information, which I have given on this form, is true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, this will be subject to disciplinary action.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please now complete the Diversity Monitoring Form below.**

**DIVERSITY MONITORING**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender: How would you describe your gender?** | | | | | Female | | | | Male | | Transgender: | |
|  | | | | | Prefer to self-describe | | | | Prefer not to say | |  | |
|  | | | | | | | | | | | | |
| **Age: What is your age?** | | | | | Under 16 | | | | 16-19 | | 20-25 | |
|  | | | | | 26-30 | | | | 31-35 | | 36-40 | |
|  | | | | | 41-45 | | | | 46-50 | | 51-55 | |
|  | | | | | 56-60 | | | | 61-65 | | 66-70 | |
|  | | | | | Over 70 | | | |  | |  | |
|  | | | | | | | | | | | | |
| **Disability: Do you have a disability?** | | | | | | | Yes | | | | No | |
|  | | | | | | | | | | | | |
| **Ethnic Origin: What is your ethnic origin?** | | | | | | | | | | | | |
| **A – White** | | |  | | | **B – Mixed or multiple ethnic groups** | | | | | |  |
| English, Welsh, Scottish, Northern Irish or British | | |  | | | White and Black Caribbean | | | | | |  |
| Irish | | |  | | | White and Black African | | | | | |  |
| Gypsy or Irish Traveller | | |  | | | White and Asian | | | | | |  |
| Any other white background – | | |  | | | Any other Mixed or Multiple ethnic background | | | | | |  |
|  | | |  | | |  | | | | | |  |
| **C – Asian or Asian British** | | |  | | | **D - Black, African, Caribbean or Black British** | | | | | |  |
| Indian | | |  | | | African | | | | | |  |
| Pakistani | | |  | | | Caribbean | | | | | |  |
| Bangladeshi | | |  | | | Any other Black, African or Caribbean background | | | | | |  |
| Chinese | | |  | | |  | | | | | |  |
| Any other Asian background | | |  | | |  | | | | | |  |
|  | | |  | | |  | | | | | |  |
| **E - Other ethnic group** | | |  | | |  | | | | | |  |
| Arab | | |  | | |  | | | | | |  |
| Any other ethnic group | | |  | | |  | | | | | |  |
|  | | | | | | | | | | | | |
| **Sexuality – How would you describe your sexuality?** | | | | | | | | | | | | |
| Heterosexual | | Gay man | | | | | | Gay woman / lesbian | | | Bisexual | |
| Prefer to self-describe | | Prefer not to say | | | | | | | | |  | |
|  | | | | | | | | | | | | |
| **Religion: How would you describe your religion?** | | | | | | | | | | | | |
| Christian | Muslim | | | Jewish | | | | | | Hindu | | |
| Sikh | Buddhist | | | No religion | | | | | | Any other | | |

**Thank you for completing this form.**

**Please ensure you return it with your completed application form**

Family Lives is registered as a company limited by guarantee in England and Wales No. 3817762. Registered charity No.1077722. Registered address: 15-17 The Broadway, Hatfield, Hertfordshire, AL9 5HZ.