

|  |
| --- |
| **VOLUNTEER APPLICATION FORM** |

**St Wilfrid’s Centre and Hallam Diocese are committed to safeguarding and promoting the welfare of vulnerable adults and expect all staff and volunteers to share this commitment.**

|  |
| --- |
| Volunteer Role you are interested in: |
| Where did you hear about volunteering at St Wilfrid’s Centre? |

|  |  |
| --- | --- |
| **Personal Details** | |
| Title: |  |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Contact Number/s: |  |
| Email address: |  |
| Occupation |  |

|  |
| --- |
| **Supporting Information** |

This section of the application form is very important, in order to help us match you to a suitable volunteer role please tell us what skills, work experience or training you have that would be of value in your volunteer role.

Why would you like to volunteer at St Wilfrid’s?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | EDUCATION | | | | School/ College / University | Qualification/Result/Grade | Date Obtained | |  |  |  | |  |  |  | |  |  |  | | |
| **Employment History** |

Starting with your most recent/current employment please give brief details of your employment history.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employment History** | | | | |
| Job Title: | Name and Address of employer: | Tel Number: | Date from – Date to (dd/mm/yyyy) | Reason for leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| REHABILITATION OF OFFENDERS |

Please note – some volunteering roles require a DBS check (Disclosure and Barring Service) as some roles involve working with vulnerable adults and is, therefore, exempt from the provisions of the Rehabilitation of Offenders Act 1974. You should, therefore, disclose details of cautions, bind-overs, reprimands, final warnings and convictions, including ‘spent or subject to sanctions imposed by a regulatory body***.*** Please note that a criminal record will not necessarily be a bar to obtaining a volunteering position.

|  |  |
| --- | --- |
| **Declaration** | |
| Have you at any time received, or do you have pending, a caution, bind-over, reprimand, final warning, conviction or other relevant information? | Yes  No |

If yes, please provide information in a sealed envelope for the attention of the Director;

|  |
| --- |
| **REFERENCES** |

|  |  |
| --- | --- |
| **First Reference** | |
| Referee name: |  |
| Job title (if applicable): |  |
| Organisation: |  |
| Address: |  |
| Postcode: |  |
| Contact Number: |  |
| Email address: |  |
| In what capacity do you know the referee? |  |
| Are you related to, or the partner of this referee: |  |
| **Second Reference** | |
| Referee name: |  |
| Job title (if applicable): |  |
| Organisation: |  |
| Address: |  |
| Postcode: |  |
| Contact Number: |  |
| Email address: |  |
| In what capacity do you know the referee? |  |
| Are you related to, or the partner of this referee: |  |

Please provide the names and contact details of **two** referees who can comment on your suitability for this volunteer position. Referees do not have to be work-related they can be friends but they cannot be family.

|  |
| --- |
| **Disclosure** |

|  |  |
| --- | --- |
| I confirm that the information contained in this application is correct. I also give my consent to the processing of data contained or referred to in this application in accordance with the Data protection Act 1998 and subsequent legislation. | |
| Signed: |  |
| Date: |  |

To help us monitor our approach to equal opportunities, please provide the details below. Any information provided on this form is treated as strictly confidential and will be used for monitoring purposes only.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | | | |
| Title: |  | | | | | | | | | | | |
| First name(s): |  | | | | | | | | | | | |
| Last name: |  | | | | | | | | | | | |
| Previous Name (s): |  | | | | | | | | | | | |
| Please identify which age  group you belong to | 16-24 |  | 25–34 |  | 35-44 |  | 45-54 |  | 55-64 |  | 65+ |  |

|  |
| --- |
| **Gender** |
| What is your gender: Male  Female  Prefer to self-identify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is your gender identity the same as the gender you were assigned at birth? Yes  No |

|  |
| --- |
| **EQUAL OPPORTUNITIES MONITORING** |

|  |  |  |
| --- | --- | --- |
| **Ethnic Origin** | | |
| **Please identify how you would describe your ethnic origin?** | | |
| **White** | British |  |
|  | Gypsy or Irish Traveller |  |
| Other White European | Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mixed** | White and Black Caribbean |  |
|  | White and Black African |  |
| White and Asian |  |
| Any other mixed background | Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Asian or Asian British** | Indian |  |
|  | Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asian background |
| **Black or Black British** | Caribbean |  |
|  | African |  |
| Any other black background | Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other ethnic group** | Arab |  |
|  | Any other ethnic group | Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sexual Orientation** | | | |
| Bisexual |  | Gay man |  |
| Heterosexual/Straight |  | Gay Woman/Lesbian |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Religion/Belief** | | | |
| Buddhist |  | Muslim |  |
| Christian |  | Sikh |  |
| Hindu |  | Other |  |
| Jewish |  | No Religion |  |

|  |
| --- |
| **Disability** |
| The Disability Discrimination Act defines a disabled person as someone with a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities. (ie. Has lasted or is expected to last over 12 months)  Do you consider yourself to be disabled according to this definition?  Yes  No  If you answered yes, how would you define this impairment? |
|  |
| Please specify any arrangements we can make to assist you if you are invited for interview. |
|  |

|  |
| --- |
| **Caring Responsibilities** |
| Is there anyone who relies upon you for care and attention AND that you assist with their daily routine?  Yes  No  If yes, please indicate who you provide such care for?  Adults (18 over)  Children |

**Please return your completed form to one of the following options: by email** [**bev.kershaw@stwilfridscentre.org**](mailto:bev.kershaw@stwilfridscentre.org)**, by post, or in person to St. Wilfrid’s Centre.**