**Volunteer Application Form**

(If completing this form by hand, please write in **black ink**. If you need more space than is provided in any section, please continue your answer on a separate sheet. If completing this form electronically, simply type in the spaces provided, extending the boxes as/if required.)

**Personal Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name(s):** |  | | | |
| **Surname:** |  | | | |
| **Home Address:** |  | | | |
| **Postcode:** |  | | | |
| **Date of Birth:** |  | | | |
| **Phone Number:** | **Mobile** |  | | |
| **Email Address:** |  | | | |
| **Do you hold a full UK driving licence?** | | | YES | NO |
| **Do you have the use of a car?** | | | YES | NO |

**When are you available to volunteer?**

**Please tick**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Morning** | **Afternoon** | **Evenings** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  |  |

**In which area would you like to volunteer?**

**Please tick**

|  |  |
| --- | --- |
| **Minibus Driver** |  |
| **Minibus Escort** |  |
| **Children and Teens Services** |  |
| **Adult Services** |  |
| **Office/Administration** |  |

**Equality and Diversity**

LinkAble wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the volunteering team in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes only.

If you have any questions about this form, please contact the Human Resources Team who will be happy to assist you.

**Gender** Male  Female  Intersex  Non-binary  Prefer not to say 

If you prefer to use your own gender identity, please write in:

Is the gender you identify with the same as your gender registered at birth?

Yes ☐    No ☐  Prefer not to say ☐

**Age** 16-24 25-29  30-34  35-39 40-44  45-49  50-54 55-59  60-64  65+  Prefer not to say 

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please write in:

***Black, African, Caribbean or Black British***

African  Caribbean  Prefer not to say 

Any other Black, African or Caribbean background, please write in:

***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other Mixed or Multiple ethnic background, please write in:

***White***

English  Welsh  Scottish  Northern Irish  Irish 

British  Gypsy or Irish Traveller  Prefer not to say 

Any other White background, please write in:

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say 

What is the effect or impact of your disability or health condition on your work? Please write in here:

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Asexual  Pansexual  Undecided  Prefer not to say 

If you prefer to use your own identity, please write in:

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish 

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

**References**

Please give details of two people, not related to you, who you know well and we can contact for a reference.

|  |  |
| --- | --- |
| **First Referee** | **Second Referee** |
| Name: | Name: |
| Position: | Position: |
| Organisation: | Organisation: |
| Address:  Postcode: | Address:  Postcode: |
| Email Address: | Email Address: |
| Telephone Number: | Telephone Number: |

**CONFIDENTIAL**

**Disclosure of Criminal Convictions for Exempt Posts**

In view of the nature of the volunteer work for which you are applying this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Orders 1986 and 2009. We are therefore required to ask you to disclose all current or spent criminal convictions, bind over orders and cautions. Any such information will be treated in the strictest confidence and will only be used in consideration of your suitability for volunteering in the exempt post.

If you knowingly conceal or omit to include any relevant facts and discovery is made after you have been accepted then you may be dismissed without notice. LinkAble will arrange an enhanced Criminal Records Bureau Disclosure for the successful volunteer.

Disclosure: I hereby declare the following criminal convictions, bind over orders and cautions with details of sentences and dates. **(If none please state NONE)**

|  |  |  |
| --- | --- | --- |
| **Conviction/Order/Caution/Penalty** | **Date** | **Place** |
|  |  |  |
|  |  |  |
|  |  |  |

Name: Post Applied For:

Signature: Date:

|  |  |
| --- | --- |
| **Disqualification By Association** | |
| Have you been involved with the Police, such as interviewed, questioned, subject to a court order, bound-over, received a reprimand, warning, cautioned or convicted before or during your employment at your setting? | Yes / No |
| Comments |
| Has anyone that lives in the same household or property as you been disqualified or barred from working with children under the Childcare Act 2006 | Yes / No |
| Comments |
| Has anyone that lives in the same household or property as you been cautioned or convicted of an offence that may have a bearing on your suitability to work with children? | Yes / No |
| Comments |
| Do you have parental responsibility for a child who is being assessed or who has been placed on a Child Protection plan under Section 47 of the Childcare Act 1989? | Yes / No |
| Comments |
| If you have answered yes to any of the above please give further details |  |