

# Volunteer Application Form

CONFIDENTIAL TO FAMILY ACTION

Please complete and return this form to: **Terri Green**  
**Perinatal Support Coordinator**  
**Family Action Medway**  
**5A New Road**  
**Chatham**  
**Kent**  
**ME46BB**

<b>Name</b>			
<b>Address</b>		<b>Address for correspondence (if different)</b>	
<b>Postcode</b>			
<b>E-mail Address</b>			
<b>Phone</b>	<b>Daytime</b>	<b>Evening</b>	
<b>Mobile</b>			
<b>Volunteering role applied for:</b> Perinatal Volunteer Befriender/PAPAS Dads Group			
<b>Where did you hear about this Family Action volunteering opportunity?</b>			
<b>Do you have any access requirements? (e.g. large print, wheelchair access)</b>			
<b>Do you speak any languages apart from English (please list)?</b>			
<b>Days and Times available:</b> <i>(please circle all availability to work)</i>			
<b>Monday AM/PM</b>	<b>Tuesday AM/PM</b>	<b>Wednesday AM/PM</b>	<b>Thursday AM/PM</b>
<b>Friday AM/PM</b>	<b>Saturday AM/PM</b>	<b>Sunday AM/PM</b>	
<b>DRIVING</b>			
<b>Do you hold a current full driving licence?</b>		<b>YES</b>	<b>NO</b>
<b>Would you be prepared to use your own car?</b> <i>If yes we will need to see a copy of your Insurance policy, relating to business Insurance.</i>		<b>YES</b>	<b>NO</b>
<b>WHAT YOU HAVE TO OFFER</b> Please write down what you feel you can offer the project.			

- Skills (e.g. driving, cooking, art work, typing, working with children, languages, hobbies)

- 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?

### **Skills, hobbies and interests**

**We would really like to know if you have any other skills or interests that you could use as a volunteer in any of our groups or to support families with young children?**

### Special support needs

Are there any tasks or activities you would like to avoid for health reasons when volunteering?

Have you any illness, or do you take any medication, that we should be aware of, e.g. for epilepsy or asthma *(We ask this question to ensure we know about any support needs you may have when you start volunteering with us and to ensure your safety)*

Do you have any allergies?                      If yes, please list below

If you feel you need any special support to become a volunteer please tell us about it here.

### Criminal Records (Rehabilitation of Offenders Act 1974)

We need to ask you about any unspent convictions as part of our duty of care. 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. Some roles will also require full criminal record checks.

If you do have any unspent convictions please include details in a sealed envelope. If you would like to discuss any convictions you may have, please contact the person named in the covering letter. All information will be dealt with according to Family Action's Confidentiality Policy.

### References

We need to write to 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	▪ Religious Leader
▪ Volunteer Co-ordinator	▪ Landlady/Landlord
▪ Teacher/Lecturer/Tutor	▪ Accountant/Lawyer
▪ Social/Community Worker	▪ Doctor/Health Worker

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

**Please tell us who to contact for your references:**

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

<p><b>1) Name:</b></p> <p>How do you know this person?</p> <p>How long for? Address</p>   <p>Postcode</p> <p>Daytime telephone number:</p>	<p><b>2) Name:</b></p> <p>How do you know this person?</p> <p>How long for? Address</p>   <p>Postcode</p> <p>Daytime telephone number:</p>
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**Keeping your details confidential**

We need to keep the information you give us in this form. We will not share the information 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 have any difficulties completing this application form, please phone/email **Terri Green - Perinatal Support Coordinator on 07436 102976**, [terri.green@family-action.org.uk](mailto:terri.green@family-action.org.uk)

If you would like to find out more about Family Action please log onto our website [www.family-action.org.uk](http://www.family-action.org.uk) or give us a call. Once we have received your form, we will contact to you to invite you to attend a volunteer information session/interview and then a short training course.

<b>For office purposes only</b>	
<b>Dates:</b>	
Interview date:	Interview confirmed:
Induction training letter:	Attendance confirmed:
DBS:	Reference 1:
Reference 2:	ID Badge:
Mobile Phone & Phone List:	Diary: