Volunteer Application Form

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| Your personal details: |
| First Name      | Surname       |
| Address inc. postcode      |
| Telephone (home)      | Telephone (mobile)      |
| Email address       |

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| Do you have a preferred service area that you’re interested in volunteering for? |
| *Feel free to tick multiple options* |
| **[ ]** Hub – supporting or leading groups in one of the locality family hubs**[ ]** Community – supporting specific services, community events and signposting families**[ ]** Family–working directly with a specific family, alongside support workers & other agencies**[ ]** I don’t have a preference / I am open to suggestions based on selection process**[ ]** I have a specific idea about how I could help that isn’t listed above *(please provide some details)*      |

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| Tell us about any interests or hobbies that you think might be relevant to volunteering |
|       |

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| Why do you want to volunteer for the Stockton 0-19 service? |
|       |

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| Where did you hear about this volunteering opportunity? |
|       |

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| Your needs \*: |
| Is there anything we need to know about your health? | Yes **[ ]**  No **[ ]**  |
| Do you have any allergies? | Yes **[ ]**  No **[ ]**  |
| Do you take any medication? | Yes **[ ]**  No **[ ]**  |
| Do you have a disability? | Yes **[ ]**  No **[ ]**  |
| Do you need any extra support from us to access the role? | Yes **[ ]**  No **[ ]**  |
| If you’ve answered ‘yes’ to any of the question above, please give us some more detail       |

\* We ask these questions to ensure we know about how best to support you and to ensure you stay safe as a volunteer.

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| Your availability: |
| Please advise when you will be able to offer your time as a volunteer |
| Day | Mon | Tue | Wed | Thu | Fri |
| AM | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| Lunchtime | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| PM | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |

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| Travel and transport: |
| Do you hold a full, current driving licence? | Yes **[ ]**  No **[ ]**  |
| Would you be willing to use your vehicle for volunteering? | Yes **[ ]**  No **[ ]**  |

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| Do you have any of the following, that you believe will be of use to you as a volunteer |
| Qualifications *(please provide details)* |
|       |

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| Do you have any of the following, that you believe will be of use to you as a volunteer |
| Training*(please provide details)* |
|       |

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| Do you speak any languages other than English?*(please list)* |
|       |

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| Tell us about… |
| …why supporting people is important to you |
|       |
| … a time you have been committed to something  |
|       |
| …a time when you’ve empowered someone  |
|       |
| …(a) your strengths (b) something you would need to ask for support with (as a volunteer) |
|       |
| …a time when you were ‘people focussed’ |
|       |
| …a time when you showed a ‘can do’ attitude |
|       |

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| Tell us about… |
| …a time when you did an excellent job |
|       |
| …a time when you showed respect |
|       |

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| References  |
| Please provide full contact details of two referees who can comment on your suitability. * Ideally, one of the referees would be your most recent employer
* If this isn’t possible you could use people who hold a professional position e.g. a teacher, doctor, social worker, support worker etc.
* Referees must not be friends or relatives.
* If you have any questions or need some help please contact us

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| Referee 1 | Referee 2 |
| Name       | Name       |
| Organisation      | Organisation      |
| Relationship to you      | Relationship to you      |
| Date from – to      | Date from – to      |
| Job Title      | Job Title      |
| Address      | Address      |
| Email      | Email      |
| Telephone       | Telephone       |

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| Your emergency contact: |
| Emerg. contact name      | Relationship to you |
| Telephone (home)      | Telephone (mobile)      |
| Your car reg      | Car make      |
| Car model      | Car colour      |

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| Here are some things you need to know before signing this form: |
| * 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. We will be completing a DBS check as part of the recruitment process. 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 at the end of this form.
* Family Action is committed to the employment and development of people with disabilities. As part of this commitment we operate a Guaranteed Interview Scheme for applicants with disabilities who meet the minimum criteria for the role. If you have a disability and would like to apply under the Guaranteed Interview Scheme described above, please tick here **[ ]** Please specify if there is anything we need to know about your disability or if there are any reasonable adjustments we can make in the recruitment process in order to offer you a fair selection process.
* Family Action is committed to recruiting, retaining and developing volunteers that reflect diversity. We need to keep monitor and analyse our recruitment process to make sure we’re sticking to this commitment. Please fill in the equal opportunities monitoring form at the end of this document. Once printed, it will be kept separate and won’t have an impact on your application.
* We need to keep the information you’ve shared. We’ll keep a paper copy and record information on a computer too. We won’t share it with anyone else without your permission and we won’t keep it for longer than necessary after you leave us.
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| Declaration |
| Returning this form to Family Action via email acts as your ‘email signature’ and signifies your agreement to the declaration below.DeclarationI confirm that the information I have given on this application form is a full and accurate record. I understand that the information will form part of any subsequent contract of employment and, if it is found to be false, I may be dismissed.Signed     Date      |

Please return this form to:

Matthew Allen

Volunteer Coordinator

Family Outreach and Volunteering Service

Billingham Family Hub

Ochil Terrace

TS23 2QL

stocktonvolunteers@family-action.org.uk

Please complete the equal opportunities monitoring form on the page below

**Equal Opportunities Monitoring Information

Family Action positively welcomes employment applications from all sections of the community and is committed to being an equal opportunities organisation.

We ask you to provide us with as much of this information as you feel comfortable giving.

The information provided below will be separated from your application before short listing and will be used for monitoring purposes only. It will not influence the selection process.

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| Your personal details: |
| Volunteer position applied for      |
| What is your date of birth?       |
| Age group **[ ]** 16-24  **[ ]** 25-34 **[ ]** 35-44 **[ ]** 45-54  **[ ]** 55-64  **[ ]** 65+ **[ ]** Do not wish to state  |
| How would you describe your gender?       Do not wish to state **[ ]**  |
| How would you describe your ethnic group?       Do not wish to state **[ ]**  |
| How would you describe your religion or belief?       Do not wish to state **[ ]**  |
| How would you describe your sexual orientation?       Do not wish to state **[ ]**  |
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