

Volunteer Application Form

Community Care Network

Carlton Road - South Elmsall - Pontefract - West Yorkshire - WF9 2QQ

Tel: 01977 277119 - Fax: 01977 641034

Email: mail@communitycarenetwork.co.uk - Web: www.communitycarenetwork.co.uk

Volunteer Application Form

YOUR DETAILS

Name: _____ D.O.B: _____

Address: _____

Email: _____

1/ WHY DO YOU WISH TO BECOME A VOLUNTEER / VOLUNTEER BEFRIENDER?:

2/ DO YOU HAVE ANY WORK EXPERIENCE OR SKILLS WHICH MIGHT BE USEFUL FOR VOLUNTEER BEFRIENDING OR WORKING WITH MATURE MEMBERS OF THE COMMUNITY?

3/ DO YOU HAVE ANY HOBBIES OR INTERESTS?:

4/ PLEASE INDICATE WHEN YOU WOULD BE AVAILABLE TO VOLUNTEER (DAYS / TIMES)

PLEASE TICK AS APPROPRIATE

DAYS	MORNING	AFTERNOON	EVENING
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

5/ ARE YOU ABLE TO TRAVEL A SHORT DISTANCE TO A CLIENTS HOUSE OR TO THE COMMUNITY CARE NETWORK CENTRE IF IT IS SLIGHTLY OUTSIDE YOUR IMMEDIATE AREA ?

PLEASE TICK AS APPROPRIATE

- a/ Yes, I have access to a car and could travel
- b/ Yes, I could use public transport
- c/ No

NB: Travel expenses are payable in some circumstances.

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6/ PLEASE PROVIDE DETAILS OF ANY SPECIAL NEEDS OR RELEVANT MEDICAL CONDITIONS:

7/ ARE THERE REASONABLE ADJUSTMENTS THAT WE COULD MAKE AS PART OF THE RECRUITMENT PROCESS THAT WOULD ENABLE YOU TO ENJOY EQUALITY OF OPPORTUNITY IN SEEKING A VOLUNTEER / BEFRIENDING ROLE WITH US?

8/ PLEASE PROVIDE US WITH THE NAMES AND ADDRESSES AND TELEPHONE NUMBERS OF TWO REFEREES WHO SUPPORT YOUR APPLICATION FOR A VOLUNTEER / VOLUNTEER BEFRIENDER (*REFEREES CANNOT BE RELATIVES*).

REFERENCE 1

REFERENCE 2

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TEL NO: _____

TEL NO: _____

EMAIL: _____

EMAIL: _____

I confirm that all the details on the application form are correct and accurate

SIGNED: _____

DATE: _____

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Declaration of Criminal Convictions, Cautions and Bind-Over Orders and consent to Access NI check

You have applied for a position that is defined as Regulated Activity under the Safeguarding Vulnerable Groups (NI) Order 2007. It also falls within the definition of an 'excepted' position under the Rehabilitation of Offenders (Exceptions) Order (NI) 1979.

Any information received will be treated confidentially, and we will talk to you about it before a final decision is reached. After the decision is made the information will be destroyed.

A check will only be carried out if you are considered to be the preferred candidate and are being offered an appointment. You must tell us now if you have ever been convicted of a criminal offence, or cautioned by the police, or bound over. You must tell us about all offences, even minor ones such as motoring offences, and 'spent' convictions, that is, things that happened along time ago. If you leave anything out it may affect your application.

Please complete the information below and include it within your application form and return it to the address given.

The form also asks you to give your written consent to the check. If you do not consent we will not accept your application. Applicants can also submit a separate statement of disclosure if they wish. This may include details such as the particular circumstances around the conviction(s); how circumstances may have changed; and what has been learnt from the experience.

In Confidence

Do you have any prosecutions pending? Yes No
(if yes, please give details)

Have you ever been convicted at a court or cautioned by the police for any offence? Yes No

If yes, please list details of all convictions, cautions or bind-overs. Give as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter.

Declaration of Abuse Investigation(s)

Have you ever been the subject of an Adult or Child Abuse investigation which alleged you were the perpetrator of any adult or child abuse? Yes No

If yes, please list full details below including the name of the police unit or Health and Social Care Trust involved in the investigation. If possible, please provide the approximate date(s).

Declaration and Consent

I declare that the information I have given is complete and accurate, I understand that I will be asked to complete an Access NI Disclosure Certificate Application Form if I am considered to be the preferred candidate and I consent to the Enhanced Disclosure Check being made, and I agree to enquiries relevant to this declaration.

Signature: _____ Print name: _____

Any surname previously known by: _____

Position applied for: _____

Date: _____