

**Volunteer Application Form**

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| Surname: Dr/Mr/Mrs/Miss/Miss |  | Forename(s): |

|  |  |  |
| --- | --- | --- |
| Previous names: |  | Date of birth |

|  |  |  |
| --- | --- | --- |
| Address: |  | E-mail: |

|  |  |  |
| --- | --- | --- |
| Postcode: |  | Contact telephone: |

|  |  |  |
| --- | --- | --- |
| Emergency Contact Name/Relationship: |  | Emergency Contact telephone: |

|  |  |  |
| --- | --- | --- |
| Current Valid DBS Number: |  | DBS Date: |

**Times available (please tick when available):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thurs |
| Morning |  |  |  |  |
| Afternoon |  |  |  |  |

**References**

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| --- |
| Please give the name and address of two persons from whom references may be obtained, **one of these should be your current or most recent employer**. If not currently working with children, then one reference should be from a previous employer in a child related role, if applicable. **References from friends or relatives will not be accepted.**  |
|  |  |  |
| (1) Name: |       |  | (2) Name: |       |
|  Position held: |       |  Position held: |       |
|  |  |  |
| Address: (including Post Code)      |  | Address: (including Post Code)      |
| Telephone No: |       | Telephone No: |       |
| E-mail:  |       |  | E-mail:  |       |

**Previous paid employment or voluntary work**

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| Please detail chronologically all previous work experience, unpaid & paid, since leaving secondary / further education  |
| Frommonth/year | Tomonth/year | Place of work | Reason for leaving |
|  |  |  |  |

**What skills, qualities and experience can you bring to the organisation?**

|  |  |  |
| --- | --- | --- |
| Skills | Qualities | Experience |
|  |  |  |

**Please tell us why you would like to work with young adults with additional needs.**

**Rehabilitation of Offenders Act 1974**

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| Owing to the nature & location of the work, this opportunity is exempt from the provisions of the above Act, therefore, you are not entitled to withhold information which for other purposes are ‘spent’ under the provisions of the Act. **The HR Administrator will check information provided under this heading.**  |
|  Have you at any time been convicted of any criminal offence? **Yes**(including cautions, bind-overs, reprimands, warnings & any pending prosecutions)  | ☐ | **No** | ☐ |  |
| Are you disqualified from working with vulnerable adults or **Yes**subject to any sanctions imposed by a regulatory body e.g. GSCC? | ☐ | **No** | ☐ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In order to comply with our **Valuing Diversity Policy**, please indicate if you **Yes**have a disability? If YES, please give details in your application | ☐ | **No** | ☐ |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a clean driving license and have use of a car for this job role? **Yes** | ☐ | **No** | ☐ |  |

**Data Protection Act**

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| In accordance with the Act, you should be aware that personal details submitted with this application form, will be used only for selection and interview procedures, and for volunteering records if the application is successful. Your information will be stored securely and only accessible to relevant persons in the course of their duties.  |

**Declaration**

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| I declare that, to the best of my knowledge and belief, all statements contained in this form are correct and I understand that, should I conceal any material fact, I will, if engaged, be liable to the termination of my services. |
| **Signature:** |  | **Date:** |  |

Please return form to:

Liz Davies

Business & Finance Manager

Sapphire Partnership

St Georges House

2 St Georges Road

Bolton

BL1 2DD

Or email to admin@sapphirepartnership.com

**Sapphire Partnership is committed to safeguarding and promoting the welfare of young adults with learning difficulties and we expect all volunteers to share that commitment. Fair and thorough recruitment, selection and interview process are in place throughout the council.**