



## Volunteer Application Form

<b>SURNAME:</b>
<b>FIRST NAME:</b>
<b>DATE OF BIRTH:</b>
<b>ADDRESS:</b>
<b>POSTCODE:</b>
<b>TELEPHONE NUMBER:</b>
<b>MOBILE NUMBER:</b>
<b>EMAIL:</b>
<b>WHAT IS YOUR CURRENT EMPLOYMENT STATUS?</b>
<b>PLEASE TELL US WHY YOU WOULD LIKE TO BECOME A VOLUNTEER.</b>
<b>PLEASE GIVE INDICATION OF YOUR AVAILABILITY FOR VOLUNTEERING (please tick):</b>  <b>Monday</b> <input type="checkbox"/> <b>Tuesday</b> <input type="checkbox"/> <b>Wednesday</b> <input type="checkbox"/> <b>Thursday</b> <input type="checkbox"/> <b>Friday</b> <input type="checkbox"/>  <b>Mornings</b> <input type="checkbox"/>  <b>Afternoons</b> <input type="checkbox"/>



**DO YOU HAVE ANY EXPERIENCE OF CARING FOR PEOPLE WITH MENTAL ILL HEALTH, EMOTIONAL ISSUES, OR PHYSICAL DISABILITIES, EITHER IN A VOLUNTARY, PROFESSIONAL OR PERSONAL CAPACITY? YES  NO**

**IF YES, PLEASE GIVE DETAILS:**

**DO YOU HAVE A PHYSICAL DISABILITY? YES  NO**

**IF YES, PLEASE GIVE DETAILS:**

**ARE YOU CURRENTLY SUFFERING FROM, OR HAVE YOU EVER SUFFERED IN THE PAST FROM MENTAL ILL HEALTH?**

**YES  NO**

**IF YES, PLEASE GIVE DETAILS:**

**DO YOU HAVE ANY INTERESTS, HOBBIES, SKILLS OR ABILITIES THAT YOU WOULD BE ABLE TO BRING WITH YOU TO THE CENTRE?**



**AS YOUR VOLUNTEER ROLE WILL BE SPENDING TIME WITH VULNERABLE PEOPLE, YOU ARE REQUIRED UNDER THE REHABILITATION OF OFFENDERS ACT 1974 TO DECLARE ALL CRIMINAL CONVICTIONS.**

**HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? YES  NO**

**IF YES, PLEASE GIVE DETAILS:**

**PLEASE GIVE DETAILS OF TWO PEOPLE WHOM WE MAY CONTACT TO PROVIDE REFERENCES FOR YOU.**

**FIRST REFEREE**

**NAME:**

**ADDRESS:**

**POSTCODE:**

**TELEPHONE:**

**EMAIL:**

**SECOND REFEREE**

**NAME:**

**ADDRESS:**

**POSTCODE:**

**TELEPHONE:**

**EMAIL:**

**I WOULD LIKE TO APPLY TO BECOME A VOLUNTEER FOR THE DROP IN SERVICE AT THE ABBEY ROAD CENTRE.**

**I DECLARE THAT THE INFORMATION THAT I HAVE GIVEN IS TRUE AND CORRECT.**

**I GIVE MY CONSENT TO MY REFEREES BEING CONTACTED AS INDICATED.**

**I UNDERSTAND THAT A CRIMINAL RECORDS BUREAU CHECK WILL BE CARRIED OUT BEFORE I CAN COMMENCE VOLUNTEERING.**

**SIGNED:**

**DATE:**