**Volunteer Application Form**

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| **Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Surname:** |  | | | | | | | | **Forename:** | | | | |  | | | | | | | | | **Title:** | | |  | |
| **Address:** |  | | | | | | | | | | | | | | | | | | | | **Postcode:** | | | | |  | |
| **Home Tel No:** | | |  | | | | **Mobile No:** | | | | | |  | | | | | | **Work Tel No:** | | | | | |  | | |
| **Email Address:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Preferred contact method** (please tick) | | | | | | | | | | **Home** | |  | | | **Work** |  | | **Mobile** | | | |  | | **Email** | | |  |
| **Date of birth (if aged under 18):** | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| **Availability** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please indicate when you might be available to volunteer** (please tick) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Monday** | |  | | | **AM** | | |  | | |  | | | | | | **PM** | | |  | |  | | | | | |
| **Tuesday** | | **AM** | | |  | | | **PM** | | |  | |
| **Wednesday** | | **AM** | | |  | | | **PM** | | |  | |
| **Thursday** | | **AM** | | |  | | | **PM** | | |  | |
| **Friday** | | **AM** | | |  | | | **PM** | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Volunteer Roles** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please tell us of any roles in which you would be particularly interested.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Experience** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please give brief details of any work history (paid or voluntary).** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Skills** | | | | | | | | | |
| **Please tell us about any of your skills that you feel are relevant to the volunteering role in which you are interested. (eg. people skills, organisational skills, craft skills, IT etc.)** | | | | | | | | | |
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| **Additional Support Needs** | | | | | | | | | |
| **Are there are specific needs you would like us to take into account, either at interview, or if we were to offer you a volunteer role?** | | | | | | | | | |
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| **Referees** | | | | | | | | | |
| **Please give us the names and addresses of two people who you have known for at least two years and are not family members.** | | | | | | | | | |
| **Name:** |  | | | | **Name:** |  | | | |
| **Address:** | | |  | | **Address:** | | |  | |
| **Tel No:** | |  | | | **Tel No:** | |  | | |
| **Email:** | |  | | | **Email:** | |  | | |
| **Relationship to you:** | | | |  | **Relationship to you:** | | | |  |
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| **Disclosure and Barring Service – Criminal Record Check** | | | |
| If you are applying to help regularly at a Young Carers or Young Adult Carers social group, or if you are applying for any Therapist role ONLY | | | |
| **Do you have any spent convictions?** See note below. **Yes  No **  *You will also need to complete a DBS Criminal Record Check* | | | |
| If Yes, please provide details in a sealed envelope marked CONFIDENTIAL and ‘For the attention of ‘Volunteer Co-ordinator’. (Please return with this form to the address below)  The Rehabilitation of Offenders Act (ROA) 1974 sets a scale of rehabilitation periods for people who have been convicted of criminal offences. After completing such a period without further convictions, the individual can regard any conviction as ‘spent’ (as if it had not occurred) when applying for jobs other than those that are ‘exempted’. The ROA 1974 (Exceptions) Order 1975 sets out a list of exempted occupations for which applicants are required to declare all criminal convictions ‘spent and unspent’. Some voluntary positions within Suffolk Family Carers fall within these exempted occupations; this means that some volunteers with Suffolk Family Carers must declare all criminal convictions. However, having a criminal record will not necessarily bar an applicant from becoming a volunteer with us. We use the Disclosure and Barring Service (DBS) to assess the suitability of applicants who are offered voluntary work with us in some voluntary roles and fully comply with the DBS Code of Practice. | | | |
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| **Data Protection** | | | |
| The information provided on this application form will remain private and confidential and will be used for the purpose of volunteer recruitment and selection. The processing of such data will take place in compliance with the provisions of the Data Protection Acts 1984 and 1998. Please also note that with your consent we may approach your referees to verify the information you have given us. By signing this form you will be providing us with consent to all these uses. | | | |
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| **Eligibility to Volunteer in the UK** | | | |
| The Immigration, Asylum and Nationality Act 2006 makes it a criminal offence to employ a person who does not have the right to work in the UK. Equally an individual could be in breach of their visa or entry clearance conditions if he/she volunteers when not permitted to do so. Therefore, individuals from outside the UK who are intending to volunteer with us are recommended to check their visas/entry clearance conditions before applying, to make sure they are allowed to do voluntary/unpaid work. | | | |
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| **Declaration** | | | |
| * The statements made by me in this application and any additional sheets are, to the best of my knowledge, true. * I understand that appointment to this role is conditional on the information supplied with this application being correct. * If I have purposefully withheld any relevant information or any information is false, Suffolk Family Carers may terminate the volunteering relationship. | | | |
| **Signature:** |  | **Date:** |  |

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| **Equal Opportunities Monitoring** | | | | | | | | |
| Suffolk Family Carers is committed to the principles of Equality of Opportunity and Diversity embedded in the Equality Act 2010. Equal Opportunities Monitoring enables us to examine the effectiveness of our procedures and to minimise the possibility of discrimination in selecting people for volunteer roles. We would be grateful if you could provide us with the following information. However, if there are any sections you do not wish to complete, please leave it blank.  PLEASE NOTE, the details supplied will be kept strictly confidential and only used for the expressed analysis and monitoring. It will not be used as part of the volunteer selection process. | | | | | | | | |
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| **Volunteer Position Applied for:** | |  | | | | | | |
| **Gender:** |  | | | | **Date of Birth:** | |  | |
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| **Ethnicity** | | | | | | | | |
| Please tick the most appropriate box to describe your ethnic group or origin. | | | | | | | | |
|  | | | | | | | | |
| **White:** | | | |  | | **Mixed:** | | |
| **British** | | |  |  | | **White and Black Caribbean** | |  |
| **Irish** | | |  |  | | **White and Black African** | |  |
| **Other White** | | |  |  | | **White and Asian** | |  |
|  | | | |  | | **Other Mixed** | |  |
| **Asian or Asian British:** | | | |  | |  | | |
| **Indian** | | |  |  | | **Black or Black British:** | | |
| **Pakistani** | | |  |  | | **Black Caribbean** | |  |
| **Bangladeshi** | | |  |  | | **Black African** | |  |
| **Other Asian** | | |  |  | | **Other Black** | |  |
|  | | | |  | |  | | |
| **Chinese** | | |  |  | | **Other Ethnic Group** | |  |
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| **Religion** | | | | | | | | |
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| **Sexual Orientation** | | | | | | | | |
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| **Disability** | | | | | | | | |
| The Disability Discrimination Act defines disability as a physical or mental impairment with long term, substantial effects on a person’s ability to perform their day to day activities.  We ask whether you are disabled for the purpose of considering what reasonable adjustments you may need to carry out the duties of the volunteer role, if you were successful. Applicants are being asked to let us know of any reasonable adjustments that may be needed to ensure the interview is accessible.  **Do you consider yourself to have a disability? Yes  No **  If YES, please give details. | | | | | | | | |
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| **Family Carers** | | | | | | | | |
| The Equality Act recognises the family carers’ right not to be discriminated against and to be given equal access to jobs and services. This means we need to have an understanding of who family carers are:  **Is there anyone who relies on you for day to day care and attention? Yes  No **  **If yes, are they a child or other adult?** | | | | | | | | |
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| **Source** | | | | | | | | |
| **Where did you hear about this vacancy?** | | | | | | | | |
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| If you have experienced any difficulties in completing any of the documentation sent to you in the volunteer application pack please detail below: | | | | | | | | |

Thank you for completing this form.

Please send this form via email [volunteer@suffolkfamilycarers.org](mailto:volunteer@suffolkfamilycarers.org) or by post:

Units 6, 8 & 9,

Hill View Business Park,

Old Ipswich Road,

Claydon,

Suffolk

IP6 0AJ