**Volunteer Application Form**

|  |  |
| --- | --- |
| Name: |  |
| Known as: |  |
| Address: |  |
| Date of birth: |  |
| Post Code: |  |
| Phone Number: | Landline:Mobile: |
| Email address: |  |
| Employment/Education Status:  | Employed – Full time Employed – Part timeUnemployed (eligible for benefits) Unemployed (not eligible for benefit’s) Student – Full time Student – Part time |
|  |  |
| Where and in what capacity are you employed? |  |
| **For students-** Name of School or college  |  |
| Name of course |  |
|  |  |
| Where did you hear about this volunteering opportunity? |  |
| Have you been involved with RCT before? If so how? |  |
| Do you have a current DBS?Is it registered on the update service? | Yes No Not known Not Applicable |
| Do you have a full driving licence?   | Yes No |
| Have you got your own car? | Yes No |
| Please tell us which day(s) you will be available for placement: |  |
|  |  |
| Education, training and Qualifications | (Please include any courses you are currently STUDYING AND the expected completion date including Place of Study, Course Title, Level, Awarding Body) |
| Previous Employment/voluntary work | Please give details of all your previous work experience, detailing your most recent employment, putting the most recent first and accounting for any gaps. Please include any voluntary, home-based or part-time work. |
| Please use this space to write a supporting statement, explaining why you think you would be suitable for the role of volunteer. We recommend that you write no more than 800 words: |  |
| Is there any other information you consider relevant? |  |
| Health InformationPlease provide information about any disability or health issue that we should be aware of in order that we can identify what support or reasonable adjustments we can provide for you to undertake volunteering duties safely. |  |
| Are you able to give a minimum of six months commitment, following the first meeting with a service user? | Yes No Not known Not Applicable |

|  |
| --- |
| **Criminal Record Declaration** |
| Do you have a criminal record? | Yes No Not known Not Applicable |
| If yes please give details  |  |
| Have you been involved in any incident where allegations of abuse have been made?  |  |
| If yes please give details |  |
| Please give your previous address (es) if you have lived at your present address for less than five years: |  |

**I agree to my details being passed on to the Police to conduct a check for cautions or convictions and for the result of the check to be disclosed to RCT in confidence (a record would not necessarily prevent you from becoming a volunteer)**

**If you wish to discuss, on a confidential basis, any concern you have about completing this declaration with the Coordinator, please contact us.**

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References**

Please give names, addresses and telephone numbers of two referees, who are not related to you. e.g. Employer & colleague

**Referee 1**

## Name

Address

 Postcode

Telephone No

Email

In what capacity do you know this person?

##### Referee 2

Name

Address

 Postcode

Email

Telephone No

In what capacity do you know this person?