



**VOLUNTEER APPLICATION FORM**

<b>Name:</b>	
<b>Address:</b>	<b>Postcode:</b>
<b>Home phone:</b>	<b>Mobile:</b>
<b>Emergency contact name:</b>	<b>Emergency contact number:</b>
<b>Please give details of your education and qualifications.</b>	
<b>What previous experience do you have?</b>	
<b>Describe what you like doing in your free time.</b>	
<b>Why would you like to be a volunteer (your aims)?</b>	
<p><b>Which areas are you interested in? Tick more than one or add your own.</b></p> <p> <input type="checkbox"/> Play drop-in sessions                    <input type="checkbox"/> Crèche                    <input type="checkbox"/> Mini library                    <input type="checkbox"/> Nursery School  <input type="checkbox"/> Office work                    <input type="checkbox"/> Newsletter/publicity                    <input type="checkbox"/> Reception work  <input type="checkbox"/> Outreach and community involvement                    <input type="checkbox"/> Other(s), please specify:             </p>	
<p><b>What days are you interested in volunteering? (tick all that apply)</b></p> <p> <input type="checkbox"/> Mondays                    <input type="checkbox"/> Tuesdays                    <input type="checkbox"/> Wednesdays                    <input type="checkbox"/> Thursdays                    <input type="checkbox"/> Fridays                    <input type="checkbox"/> Saturdays                    <input type="checkbox"/> Sundays             </p>	
<p><b>What times are you interested in volunteering? (tick all that apply)</b></p> <p> <input type="checkbox"/> Mornings (9am to 12pm)                    <input type="checkbox"/> Early afternoons (1pm to 3pm)                    <input type="checkbox"/> Later afternoons (3pm to 6pm)             </p>	
<b>When can you start your volunteer placement?</b>	
<p><b>The following health-related questions will be treated confidentially.</b></p> <p><b>Do you have any medical conditions/ allergies we need to be aware of? If so, please give details.</b></p>	
<b>Are there any activities you would NOT like to do?</b>	

**Criminal Records (Rehabilitation of Offenders Act 1974)**

We need to ask you about any unspent convictions as part of our duty of care. A criminal conviction will not necessarily prevent you from becoming a volunteer; the decision will depend on the type of offence and its relevance to the volunteering role. Some roles will also require full criminal record checks.

**Have you been charged with, cautioned or convicted of a criminal offence?**  YES  NO

**Have you ever been disqualified from working or caring for children or vulnerable adults?**  YES  NO

**Have you had a child/children removed from your care?**  YES  NO

If you answered YES to any of the questions above, please include reason details in a separate paper in a sealed envelope. If you would like to discuss any convictions you may have, please contact the manager of the children's centre you would like to volunteer at. All information will be treated with the strictest confidence.

**Have you had a DBS check (Disclosure of Barring Service/ police check) in the last 3 years?**

YES  NO

If yes, date of clearance:

Please enclose a photocopy

**CONTACT DETAILS OF TWO REFEREES** – We need to write to two different people who have known you for at least 2 years and can tell us whether they think you would be a suitable volunteer, these people cannot be your relatives or close friends. If you cannot think of anyone, please contact us so we can help you.

**First reference**

Name:

Position:

Address:

Postcode:

Telephone:

Email:

Relationship to you:

How long has this person know you?

**Second reference**

Name:

Position:

Address:

Postcode:

Telephone:

Email:

Relationship to you:

How long has this person know you?

**How did you hear about us?**

At a children's centre, please specify which one:

Leaflet, please specify where from:

Children's Centre staff member, please tell us the name:

Children's Centre Newsletter

Other, please specify:

**What is your age group?**

Under 20  21-29  30-39  40 or above

**What is your ethnicity?****Keeping your details confidential**

We need to keep the information you give us in this form. We will not share the information with anyone else without getting your permission first. By ticking this box you are giving us permission to store information on file, and computer

**I confirm that I have completed this application form truthfully:**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for completing this form. We will be in touch shortly.**