**Volunteer Application Form**

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| **Surname:** |  | | | | | | | | **Title:** | |  | |
| **Forename:** |  | | | | | | | | | | | |
| **Middle Name(s):** |  | | | | | | | | | | | |
| **Date of Birth:** |  | | | **NI Number:** | | |  | | | | | |
| **Address:** |  | | | | | | | | | | | |
| **Postcode:** |  | | | | | | | | | | | |
| **Employment Status:** (*please tick the appropriate box)* | | | | | | | | | | | | |
| Full-time employment | |  | Part-time employment | | |  | | Retired | | | |  |
| Unemployed | |  | Self-employed | | |  | | Student | | | |  |
| If employed, are you happy for us to contact you at work? | | | | | Yes | | | | |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Home phone number:** |  | **Mobile number:** | |  |
| **Work phone number:** |  | **Email:** |  | |
| **Most of our volunteer coordination is done via Facebook.**  **Do you have a Facebook account?**    **Yes / No** | **If No please state your preferred method of contact:**  *text, email, telephone - please specify* | | | |

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| **Emergency Contact Details-** | |
| **Full Name:** |  |
| **Address:** |  |
| **Contact Number:** |  |

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| **Do you hold a full UK driving licence?** | Yes |  | No |  |
| **Do you have use of your own vehicle?** | Yes |  | No |  |
| **Any current endorsements?** | Yes |  | No |  |

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| **How did you find out about volunteering with us?***social media, internet – please specify* |
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| **Do you have any health conditions or disabilities we should be aware of?**  *If yes, please provide details* |
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| **Rehabilitation of Offenders Act 1974**  Under the rehabilitation of Offenders Act 1974, do you have any unspent criminal  convictions? | | | |
| Yes |  | No |  |
| **If you have ticked yes, write details on a separate sheet and attach to this form.**  **Having a conviction will not necessarily stop you from volunteering, but it will need to**  **be taken into consideration when assessing your suitability.** | | | |
| **Your volunteering role may be subject to a DBS check, please indicate your permission for us to carry out this check:** (*please tick the appropriate box)* | | | |
| Yes |  | No |  |

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| **Do you have previous experience of volunteering?** *If so, please provide details* |
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| **Please provide any relevant skill, qualifications and /or experience** |
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| **Why would you like to join WRAS as a volunteer?** |
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| **Which area of Volunteering are you interested in?** |
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| **What is your availability to volunteer on a weekly basis?** |
|  |
| **Please add any additional information you believe is relevant to your volunteer application:** |
|  |

**Referees**

Please provide the name and contact details of two referees, your referees should not be a family member and one should be a current/previous employer or volunteer manager. You must have known your referees for a minimum of 3 years.

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| --- | --- |
| **1st Referee** | |
| **Full Name:** |  |
| **Relationship:** |  |
| **Length of relationship:** |  |
| **Address** |  |
| **Telephone:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **2nd Referee** | |
| **Full Name:** |  |
| **Relationship:** |  |
| **Length of relationship:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email:** |  |

**General Data Protection Regulation**

If you are making an application for a volunteer role, you are not under any obligation to provide us with personal data. However, should you decide that you prefer not to provide us with the personal data we request, we may not be able to progress your volunteer application.

Information from this application may be processed for purposes permitted under the GDPR. Individuals have, on written request, the right of access to personal data held about them.

The Charity treats personal data collected about its volunteers during the application process in accordance with its Volunteer Applicant Privacy Notice

**Declaration**

I acknowledge that I have read a copy of the Volunteer Applicant Privacy Notice.

I confirm that the information I have given is correct and complete and that any false statements or omissions may result in my services being terminated.

………………………………………………………………...*(****signature****) ………………………………………………...(date)*