# Volunteer Application Form

## Confidential

### Data Protection

Information from this application may be processed for purposes registered by VoiceAbility under the Data Protection Act 1998. Individuals have, on written request, the right of access to personal data held about them. By completing this form, you are giving your consent to VoiceAbility processing the data supplied in this form for the purpose of recruitment and selection. VoiceAbility will only keep records of your personal details for as long as it is relevant to do so.

*The table will expand as you type in the text boxes.*

### Personal Details

|  |  |
| --- | --- |
| Title: Mr/Miss/Ms/Mrs/Other |       |
| First Name:      | Last Name:       |
| Address:      Postcode:       |
| Telephone Number:       | Telephone Mobile:      |
| Email Address:       |
| Are there any restrictions on you taking up a voluntary role in the UK? | Yes/No (please delete as applicable) |
| If yes, please specify:      |
| Are you doing any other voluntary work at the moment? | Yes/No (please delete as applicable) |
| If yes, please give details:      |
| **More About You** |
| (tell us below – use as much space as you feel you need)What would you like to get out of being a volunteer with VoiceAbility?      |
| What do you think you could bring to the role of volunteer with VoiceAbility?      |
| What are your interests and activities? Do you have any special skills e.g* Do you play any musical instruments?
* Do you speak any additional languages and if so which ones?
* Do you have IT skills / office experience?
* Can you use sign language?
* Can you use makaton?

      |
| Where did you hear about volunteer opportunities with VoiceAbility? |

**DBS Clearance**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If you are applying to work directly with our clients, the majority of our roles require that you complete a Disclosure and Barring Service Check which requires that you disclose any criminal offences of which you have been convicted, whether spent or unspent. Do you have any of the following:

|  |  |  |
| --- | --- | --- |
| Spent or unspent criminal convictions | Yes [ ]   | No [ ]  |
| Police cautions | Yes [ ]   | No [ ]  |
| Reprimands | Yes [ ]   | No [ ]  |
| Warnings | Yes [ ]   | No [ ]  |
| Any cases pending against you | Yes [ ]   | No [ ]   |

 |
| If yes, please specify:      |
| If you are applying to work in a role which does not directly involve contact with our clients, do you have any of the following:

|  |  |  |
| --- | --- | --- |
| Spent or unspent criminal convictions | Yes [ ]   | No [ ]   |
| Police cautions | Yes [ ]   | No [ ]   |
| Reprimands | Yes [ ]   | No [ ]   |
| Warnings | Yes [ ]   | No [ ]   |
| Any cases pending against you | Yes [ ]   | No [ ]   |

 |
| If yes, please specify:      |
| Do you consent to an appropriate level DBS Check? | Yes [ ]  No [ ]  |

**Disability Confident**

VoiceAbility encourage those with learning disabilities, physical disabilities or mental health disabilities to become volunteers. Whilst it is entirely up to you if whether you tell us about any disabilities we would encourage you to do so, if you need any reasonable adjustments making to enable you to enable you to attend any initial/introductory meetings with us.

|  |  |
| --- | --- |
| Do you consider yourself to be a disabled person? | Yes [ ]  No [ ]  |
| If yes, please specify what reasonable adjustments you need to attend any initial/introductory meetings with us.       |

**References**

Please provide names and addresses of two responsible persons who would be willing to provide character references. One reference should relate to your **present or most recent employment or voluntary agency** you may have worked for.

The other should know you personally, but should **not be a friend or a member of your family**. If you are unsure whom to give as a referee, please discuss this with the Volunteer Coordinator.

**Reference 1**

|  |  |
| --- | --- |
| Name |       |
| Relationship |       |
| Address |       |
| Occupation |       |
| Tel No |       |
| Email |       |

**Reference 2**

|  |  |
| --- | --- |
| Name |       |
| Relationship |       |
| Address |       |
| Occupation |       |
| Tel No |       |
| Email |       |

**Position(s) interested in**

Mark your preferred role(s).

|  |  |
| --- | --- |
| Not sure yet  | [ ]  |
| Peer Mentor  | [ ]  |
| Peer Mentor Plus  | [ ]  |
| Community Networkers  | [ ]  |
| Community Messenger  | [ ]  |
| Feedback Coordinators  | [ ]  |
| RPRs  | [ ]  |
| Other  | [ ]  |

Or I want to help Total Voice Cambridgeshire and Peterborough by: (please state)

**Availability**

What time (roughly) can you give?

Tick one box in each section

|  |
| --- |
| **I can volunteer:** |
|  |
| **For this long** | 1 hour | [ ]  | 2 hours | [ ]  | 3 hours | [ ]  | 4 hours | [ ]  |
| 5 hours | [ ]  | 6 hours | [ ]  | 7 hours | [ ]  | **Not sure** | [ ]  |
|  |
| **Every** | Day | [ ]  | Week | [ ]  | Fortnight | [ ]  | Month | [ ]  |
| 2-3 months | [ ]  | 6 months | [ ]  | 9 months | [ ]  | **Not sure** | [ ]  |
|  |
| **For** | 1 month | [ ]  | 2 months | [ ]  | 3 months | [ ]  | 4-5 months | [ ]  |
| 6 months | [ ]  | 7-11 months | [ ]  | A Year | [ ]  | **Not sure** | [ ]  |
|  |
| **These days/ times work best** | Monday  | AM [ ]  | PM [ ]  |  |
| Tuesday  | AM [ ]  | PM [ ]  |  |
| Wednesday | AM [ ]  | PM [ ]  |  |
| Thursday | AM [ ]  | PM [ ]  |  |
| Friday  | AM [ ]  | PM [ ]  |  |
| Weekend | AM [ ]  | PM [ ]  | Evenings [ ]  |
| **Not Sure** | [ ]  |  |  |

**Declaration**

I declare that to the best of my knowledge the information in this form is complete and correct. I agree that deliberate omission, falsification or misrepresentation of information will be grounds for rejecting this application or subsequent termination of my voluntary placement by VoiceAbility. Please note if you make your application by email, your signature will be required prior to taking up any volunteer role.

Your signature

Date*/     /*

Please return this form to: VoiceAbility Doncaster Advocacy Services

 Rear Of Carcroft Social Club

 Chestnut Avenue

 Carcroft, Doncaster

 DN6 8AG

Or email it to: doncaster@voiceability.org