

Volunteer Application Form

Please return this form to Volunteer Coordinator, Garton House, 22 Stanford Avenue, Brighton BN1 6AA or by email to jane@familysupportwork.org.uk

CONFIDENTIAL

Date: _____

Name	
Address	
Tel	
Email	
D.O.B	

We would like to make you aware that FSW has a policy to request each new potential volunteer to undertake an enhanced DBS check, and a criminal record will not necessarily be a bar to obtaining a position as a volunteer.

When the DBS check clearance is through, when would you be available to start volunteering?

As part of our safer recruitment process, used for staff and volunteers, please complete the table below regarding employment etc. with details of your experience and the dates involved. This may also include periods of being a caregiver, full-time or part-time education and periods of inactivity. Please ensure that you have covered the last 10 years.

Employment Status (please tick)			
Not currently seeking employment	<input type="checkbox"/>	Retired from employment	<input type="checkbox"/>
Unemployed but seeking employment	<input type="checkbox"/>	In full time employment	<input type="checkbox"/>
In secondary/higher education	<input type="checkbox"/>	In part time employment	<input type="checkbox"/>
Involved in training scheme	<input type="checkbox"/>	School/College/University placement	<input type="checkbox"/>
Self employed	<input type="checkbox"/>		<input type="checkbox"/>
Other			

Organisation	Date from	Date To	Position and Responsibilities

Please provide the names and addresses of two referees. They should not be directly related to you; aged over 18 years; and have known them reasonably well for at least two years on a personal level.

1. Name Address	2. Name Address
Email: Tel No:	Email: Tel No:
Their relationship to you:	Their relationship to you:

Signed: _____

Date: _____

Health

In relation to Health & Safety, it is important that we know if there are any aspects of volunteering that you would not be able to cope with. A disability or health problem does not necessarily exclude you from volunteering with FSW. All information given will be treated with the strictest confidence.

Are you registered as disabled	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes what is the nature of your disability?		
Do you suffer from any allergies?		
Are there any health matters we should be aware of?		

It is important that you inform us if you should suffer from any illness in the future that may affect your ability to volunteer for the organization or that would put others at risk.

Are there any skills you wish to develop/learn?

Have you any relevant qualifications or training?

What experience and skills do you bring to FSW? (please tick)							
Caring for Others		First Aid		Training		Finance	
Catering		Fundraising		Public Relations		Information Technology	
Organisational		Health & Safety		Legal			
Other (please detail)							

What special interests/hobbies do you have?

How did you hear about volunteering at FSW?

Please give details of any other voluntary organization for whom you have volunteered, with details of your experience and the dates involved:

Voluntary Organisation	Date from	Date To	Position and Responsibilities