

**Volunteer Application Form**

*If you are considering volunteering for Cherished please complete this form. The information will be filed and stored in a confidential place. Please print your personal details.*

**Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | DOB: |  |
|  |  |  |  |
| Occupation: |  | Do you Drive? | Yes☐ | No☐ |
|  |  | Own a Vehicle? | Yes☐ | No☐ |
|  |  |  |  |  |
| Ethnicity (for monitoring purposes): |  |  |  |
|  |  |  |  |
| Religion: |  | How did you hear about Cherished? |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Address: |  |  |  |
|  |  |  |  |
|  |  | Post Code: |  |
|  |  |  |  |
| Contact Number (Day): |  | Evening: |  |
|  |  |  |  |
| Email: |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Which service are you volunteering for? (Please tick)**

Mentoring☐ Specialist Service☐ Blossom☐ Administration☐

**Experience & Qualifications**

*Please read all questions first and answer in the appropriate boxes. Please continue on the reverse of the page if there is not enough room in the box. If you wish to attach a personal CV of your knowledge and experience of the voluntary sector you may do so.*

**Have you any relevant qualifications or appropriate training?**

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| --- |
|  |

**Please tell us of any special interests and skills that you have.**

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|  |

**Please detail any previous experience you have as a volunteer, or working for a voluntary organisation.**

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|  |

**Why do you want to volunteer for Cherished? What do you feel you can contribute to our team?**

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|  |

**Do you have any additional experience, skills or training relevant to this position?**

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| --- |
|  |

 **Please tick the relevant box if you would consent to having yourself filmed or any photographs taken during any training or events for the promotion of Cherished.**

*☐ Yes No ☐*

**References**

*Please give the details of two people who know you well, who would be able to give you a reference and comment upon your suitability for the voluntary work you are applying for. Do not choose a close relative,* ***and at least one referee must be a professional relationship****. Please ask their permission first and inform us if they are related to you.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship |  |
|  |  |  |  |
| Email |  |  |  |
|  |  |  |  |
| Telephone |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Reference 1**

**Reference 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship |  |
|  |  |  |  |
| Email |  |  |  |
|  |  |  |  |
| Telephone |  |  |  |
|  |  |  |  |

**Medical Details**

*Any information that you provide us with will help us to accommodate to your needs as a volunteer, it will in no way be a barrier to the work you can do for Cherished but is important information that we require.*

|  |
| --- |
| **Are you currently under the Doctors Care? If yes, please provide details.** |
|  |
|  |
| **Do you consider yourself to be disabled or have any disabilities?**  |
|  |
|  |
| **Do you suffer from any medical conditions/illnesses that we need to be aware of?** |
|  |
|  |
| **Have you ever suffered with any mental health issues?** |
|  |
|  |

|  |  |
| --- | --- |
| In the last 3 years have you ever had to take a long period of time off from employment? |  |
|  |  |
| Do you have any allergies? |  |
|  |  |
| Do you have any dietary requirements? |  |
|  |  |
|  |  |
| *Emergency Contact* |  | *Relationship* |  |
|  |  |
| *Telephone Number* |  |  |
|  |  |
|  |  |

**DBS Declaration**

*Cherished recognises the great responsibility in working with children and young people. To protect them and to protect you, our volunteers, we will be required to obtain a disclosure check through the Disclosure Barring System (DBS) if you are offered an appointment. We will also offer you appropriate training as and when necessary.*

As a preliminary for this, please complete the following:

|  |  |  |
| --- | --- | --- |
| How long have you lived at the address given?  |  years  |  months |
|  |
| If less than 12 months what was your previous address?  |  |
|  |  |
|  |
|  | Postcode |  |
|  |
| Have you ever been convicted of a criminal offence, or are you present the subject of criminal charges? |  |
|  |
| If yes what was the nature of the event? |  |
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**Declaration**

I understand that a disclosure check will be made through the Disclosure Barring System if I am working with vulnerable children, young people or adults.

I declare the above information within my application to be true.

|  |  |
| --- | --- |
| Signed |  |
| Name (Printed) |  |
| Date |  |

**Thank you for completing our volunteer application.**

Please return your form by post or email to:

Address: Email:

You’re Cherished

198 Boldmere Road

Boldmere

B73 5UE carly@cherisheduk.org