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|  | **Volunteer Application Form** |
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Please return the completed volunteer application form to:

SHELLY MCCORD, CARRICKFERGUS AND LARNE CONTACT CENTRE, 13 WEST STREET, CARRICKFERGUS BT38 7AR OR EMAIL contact@carrickccc.co.uk

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| STRICTLY CONFIDENTIAL | | | | | | | | | | | | |
| Surname: |  | | | Forenames(s): | | | |  | | | | |
| Address: | | | | | | | | | | | | |
|  | | | | | | | | | Postcode: | | |  |
| Phone number: Home | |  | | | | | | | Work |  | | |
| E-mail | |  | | | | | | |  |  | | |
| What day are you available to volunteer (Thursday or Saturday) | | | | | | | | | |  | | |
| Please provide the names and addresses of two referees. They should not be directly related to you and should be over 18 years of age. You should have known them reasonably well for at least two years on a personal level and one of the referees should be somebody who knows you professionally. | | | | | | | | | | | | |
| 1. Name: | | | | | | | 2. Name: | | | | | |
| Address: | | | | | | | Address: | | | | | |
|  | | | | | | |  | | | | | |
| Phone number:  Email: | | | | | | | Phone number:  Email: | | | | | |
| Their relationship to you: | | | | | | | Their relationship to you: | | | | | |
| Health In relation to Health & Safety, it is important that we know if there are any aspects of volunteering at our Centre that you would not be able to cope with. An impairment or health problem does not necessarily exclude you from volunteering at the Centre. All information given will be treated with the strictest confidence. | | | | | | | | | | | | |
| Are you registered disabled? | | | Yes | | No | | | | | | | |
| If yes, what is the nature of your impairment? | | | | | |  | | | | | | |
|  | | | | | | | | | | | | |
| Are there any other health matters that 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. | | | | | | | | | | | | | | |
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#### REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS ORDER 1975)

Because the voluntary work for which you are applying involves working with children we are obliged to ask you, in connection with your Application, to disclose any convictions you may have. Under the conditions of the above Order, you are not entitled to withhold information about convictions which otherwise might be considered spent. A prior criminal conviction may not prevent you from volunteering at our Centre, but failure to disclose relevant convictions in full will result in immediate suspension pending investigation.

Please give below details of any convictions you may have. This information will be treated as strictly confidential but you should be aware that any offer of voluntary work made will be subject to a satisfactory Criminal Records Bureau check.

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted by a court of a criminal offence? | Yes 🞏 | No 🞏 |
| If yes, please give details including dates and court where convicted | | |
| Are you subject to any current or outstanding disciplinary procedures or legal action? *If Yes, please give details.* | Yes 🞏 | No 🞏 |
|  | | |
| Criminal Records Bureau  I am happy to complete a Disclosure Application Form to enable an Enhanced Criminal Records Bureau Disclosure to be undertaken.  Signed……………………………………………… Date…………………………………………… | | |

I declare that the information given is true and complete. I understand that any wilful

mis-statement or omission may render me liable to dismissal.

Signed: …………………………………………... Date: ……………………………………………..

An Access Ni check will have to be completed prior to starting in the contact centre. A criminal record will not necessarily be a bar to obtaining a position. You can familiarise yourself with the Access Ni Code of Practice which is available at:

<https://www.nidirect.gov.uk/publications/accessni-code-practice>

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| **The following questions are optional – but it would really help us to know more about you.** | | | | | | | | | | |
| **Employment Status (please tick)** | | | | | | | | | | |
| Not currently seeking employment | | | | |  | Retired from employment | | | |  |
| Unemployed but seeking employment | | | | |  | In full time employment | | | |  |
| In secondary / higher education | | | | |  | In part time employment | | | |  |
| Involved in training scheme | | | | |  | Duke of Edinburgh | | | |  |
| Self employed | | | | |  | New deal | | | |  |
| Prince’s Trust | | | | |  | School / college placement | | | |  |
| Other | | | | |  | | | | | |
|  | | | | | | | | | | |
| **What experience and skills do you bring to our Child Contact Centre? (please tick)** | | | | | | | | | | |
| Administration |  | | First Aid |  | | Training |  | Clerical |  | |
| Caring for others |  | | Fundraising |  | | Public Relations |  | Finance |  | |
| Catering |  | | Health & Safety |  | | Secretarial |  | Information Technology |  | |
| Organizational |  | | Working with children |  | | Legal |  |  |  | |
| Other (please detail) | |  | | | | | | | | |

**Are there any skills you wish to develop / learn?** ………………………………………………

#### Have you any relevant qualifications or training?

#### What special interests / hobbies do you have?

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

|  |  |  |  |
| --- | --- | --- | --- |
| Voluntary organisation | Date from | To | Position and responsibilities |
|  |  |  |  |

**How did you hear about volunteering at a Child Contact Centre?**

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