

Volunteer Application Form

Please return the completed application form to:

enquiries@wokingfamilycontactcentre.org.uk

or post to: The Co-ordinator, Woking Family Contact Centre,

% Woking United Reformed Church, White Rose Lane, Woking, GU22 7HA

Strictly Confidential

First name:

Surname:

Address:

Postcode:

Phone number: Home

Work

Email:

When would you be available to start volunteering at our Centre?

Yes

No

Do you have a valid DBS certificate?

Yes

No

If Yes, is the certificate registered to the Online Update Portal?

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 2 years on a personal level and one of the referees should be somebody who knows you professionally. (A shorter period may be acceptable in exceptional cases.)

	Referee 1	Referee 2
Name:		
Email:		
Address:		
Phone number:		
In what capacity do they know 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

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 organisation or that would put others at risk.

If yes, what is the nature of your impairment?

Pre-volunteering checks

This role includes working with vulnerable children and families. To help ensure their safety, some checks will be undertaken as part of this process, including an enhanced DBS (Data barring Service) check. This check will give us information about relevant convictions, cautions or reprimands. Having a conviction does not necessarily disqualify you from voluntary work. (For further information on the DBS process, see www.gov.uk/dbs.)

Please use the space below to tell us about any convictions, cautions or reprimands.

Statement of fact

If it came to light that any of the information submitted in this form was untrue, dishonest, incomplete, or misleading, this may prevent us from being able to offer voluntary work or taking disciplinary action after you have started as a volunteer.

Please sign below to confirm that all the information in this application form is accurate, and that you have read our Privacy Policy as set out on our website (www.wokingfamilycontactcentre.org.uk).

Name	Date	Signature

The following questions are optional – but it would help us to know more about you.

Participation in education or employment (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		Self-employed	
Other			

What experience and skills do you bring to Woking Family Contact Centre? (please tick)							
Administration		First aid		Training		Organisational	
Working with children		Fundraising		Public relations		Finance	
Catering		Health & safety		Secretarial		Information technology	
Caring for others		Legal		Other (please detail)			

Are there any skills you wish to develop / learn?

Do you have you any relevant qualifications or training?

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What special interests / hobbies do you have?

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Please give details of any other voluntary organisations for whom you have volunteered:

Voluntary organisation	Date		Position and responsibilities
	From	To	

How did you hear about volunteering at Woking Family Contact Centre?

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