

Volunteer Application Form

Working together and taking pride in our communities

**Contact Information**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Home Phone no. |  |
| Mobile no. |  |
| Email Address |  |

What is the best way for us to contact you? ……………………………………..

Do you have an order of preference between mobile/phone/email?

1. …………………. 2. …………………… 3. ……………………

How many hours per week are you able to volunteer for? ………………………….

Person to notify in case of an emergency

|  |  |
| --- | --- |
| Name and relationship to you  |  |
| Address |  |
| Postcode |  |
| Home Phone no. |  |
| Mobile no. |  |
| Email Address |  |

Please indicate your **availability** by marking ‘X’ when you are available. This is just to give an idea and will not commit you to anything.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Morning | Afternoon | Evening |
| *Example* |  |  |  |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

**How often will you be able to volunteer?**

For example: every week for 6 months, on an occasional basis, during school holidays, etc.

**Do you have a current driving licence and access to a car that you would be prepared to use for voluntary work?** Please note it will be necessary for you contact your insurance company to inform them of the use of the vehicle whilst volunteering for Carlisle City Council; and the Council will need to see your insurance document, clearly showing your vehicle is insured for the above use, and your driving license (and take copies). Yes/No

**Activities and Preferences**

Please mark which activities you are happy to do.

|  |  |  |  |
| --- | --- | --- | --- |
| Health Walks |  | Shopmobility |  |
| Gardening |  | Office Work |  |
| Driving |  | Community Neighbours |  |
| One off Activities |  | Countryside/conservation |  |
| Other (please add details) |  |

**Special Skills or Qualifications**

Please give brief details of any previous voluntary or work experience.

Please give details of any other experience which you feel is relevant to the sort of voluntary opportunities you are looking at.

Please tell us briefly why you would like to volunteer.

**References**

Please give the names and contact details or two people who we can ask for a reference. This is a character reference so could be a neighbour or friend, or a previous or current employer if they know you personally. They must have known you for at least two years and not be related to you.

|  |  |  |
| --- | --- | --- |
|  | **Reference one** | **Reference two** |
| Title and full name |  |  |
| Occupation (if applicable) |  |  |
| Address |  |  |
| Postcode |  |  |
| Contact no. (including area code) |  |  |
| Mobile no. |  |  |
| Email address |  |  |
| Capacity in which known to you |  |  |

**Medical Check**

This is a confidential pre-medical check carried out by our Occupation Health Clinician. As part of our commitment to wellbeing we may ask volunteers to have a pre-medical check to ensure that all appropriate support is in place.

**Safeguarding**

If the activities involve access to vulnerable people, either children and/or adults, then you may be subject to the production of a Disclosure from the Disclosure and Barring Services (DBS).

We have a duty to carry out checks before people are accepted as volunteers. These include taking up references and may also involve applying for an enhanced disclosure and barring services check (DBS). We will send you information about this if it is required.

1. Are you registered with the DBS online update service? Yes/No
2. If yes please indicate your consent for Carlisle City Council to check your clearance online prior and during your employment?Yes/No

**Please note:** that it will be necessary for the Council to see (and take a copy) of your original DBS Certificate.

**Rehabilitation of Offenders**

Do you have any convictions, cautions, reprimands or final warnings that are not ‘protected’ as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended 2013).

**Yes / No** - If “yes”, describe the offence and date of conviction.

The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are ‘protected’ and are not subject to disclosure to employers, and cannot be taken into account.

All guidance and criteria on the filtering of these cautions and convictions can be found in the DBS Filtering collection **(https://www.gov.uk/government/collections/dbs-filtering-guidance)**

**Identification Checks**

Whilst volunteering for us we will require you to wear identification in the form of photo ID. Prior to receiving this you will be required to provide proof of identification. To ensure best practice proof of evidence will be one or more documents specified by the Border and Immigration Agency under the Immigration, Asylum and Nationality Act 2006, as described in Lists A and B which will be provided with your ‘Next Steps’ letter.

**Right to Volunteer in the UK**

Are you eligible to be a volunteer in the UK? Yes/No

**Declaration**

I certify that the information provided is true and accurate and in particular that I have not omitted any facts which may have a bearing on my application. I understand that any subsequent Volunteer Agreement with the Council will be made based on the information I have provided. I understand that a false declaration which results in my appointment as a Volunteer with the Council will render me liable to termination of my Volunteer placement.

I give explicit consent that the personal information which I give on this form may be processed in accordance with the Council’s registration under the General Data Protection Regulation (GDPR) and Data Protection Act 1998. I have not canvassed either directly or indirectly any officer or member of Carlisle City Council in connection with this Volunteer placement.

Where applicable, I will be subject to the regulations on political restrictions as defined in the Local Government Housing Act 1989.

I agree to Carlisle City Council carrying out recruitment screening relevant to my Volunteer application.

I give my consent to Carlisle City Council recording sensitive information about me.

Name ……………………………………………………….. Date ………………………………..

Signature ……………………………………………………

Please email to volunteering@carlisle.gov.uk

Thank you!

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