# Volunteer Application Form

****PRIVATE AND CONFIDENTIAL****

****Please complete in black ink (hand written or typed)****

## Personal Details

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Mr | |  | | Mrs |  | Miss | |  | Ms |  | Dr | | If other, please state | | | |  |
| ****First Name**** | | |  | | | | | | | | | | | Last Name | |  | | | |
| Any other name(s) by which you have been known | | | | | | | | | | | | | |  | | | | | |
| Date of Birth (volunteers must be aged 18 or over) | | | | | | | | | | | | | |  | | | | | |
| Contact Address | | | | |  | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | |
| Contact Telephone Number(s) | | | | | | | | |  | | | | | | | |  |  | |
|  | | | | | | | |  |  | |
| Email |  | | | | | | | | | | | | | | | | | | |

## Equality & Diversity Provision & Monitoring

We are required to ask these questions for monitoring purposes only. Volunteers are not obligated to provide this information and the answers to these questions have no influence on the volunteer selection process.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| ****Gender**** | |  | | | | | |
| Ethnic Origin (please cross a box) | | | | | | | |
|  | White British | | |  | Asian | | |
|  | Black | | |  | Chinese | | |
|  | Dual / Multiple Heritage (please tick any boxes that apply) | | | | | | |
|  | Other – please state: | |  | | | | |
| Do you consider yourself to be a Disabled person? | | | |  | Yes |  | No |
| Do you need wheelchair access? | | | |  | Yes |  | No |
| Please let us know if you have any other requirements in the box below | | | | | | | |
|  | | | | | | | |

## Employment and Education

Please insert your current occupation and/or university (paid or unpaid) and any previous occupations over the last five years. Please include your current or previous university courses.

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| --- | --- |
| Occupation/Education | Dates |
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## Skills and Experience

Why are you interested in becoming a volunteer with the Safer Living Foundation?

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Please give details of any experience you have had which you feel is relevant to this work, e.g. languages, courses, knowledge/experience of working with challenging behaviours, etc. (paid or unpaid, formal or informal).

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Please give any information about any links you have with the local community (e.g. voluntary work, community groups, scouts/guides, religious organisations, environment, etc.).

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Please give details of other relevant skills or experience you have (from any part of your life, whether paid/unpaid work, domestic or social life).

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## Criminal Convictions

Please give details of any cautions, reprimands, final warnings or criminal convictions you have and any court appearance/s pending.

This question is accepted under the Rehabilitation of Offenders Act 1974 due to the fact volunteers would be working with children and vulnerable adults. You must, therefore, give details of all convictions whether spent or unspent under that Act.

A criminal conviction may not automatically disqualify you. This will be discussed at interview.

|  |  |  |  |
| --- | --- | --- | --- |
| Offence | Penalty or Order of the Court | Court | Date |
|  |  |  |  |
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It is a condition of appointment as a volunteer that an enhanced DBS check (which will include any spent convictions) is carried out prior to appointment. If you wish to volunteer within the Prison, full HMPPS Vetting is required.

Please sign and date below if you agree to this check being carried out.

|  |  |  |  |
| --- | --- | --- | --- |
| ****Signed**** |  | Date |  |

## Referees

Please give details of two people who know you well in an academic/voluntary/placement/employment capacity and who we may contact to ask about your ability to volunteer with us. Your referees must not be relatives, and you must have known them for at least 1 year.

Please check that the named people are willing and able to provide a reference for you.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ****Full Name**** | | | |  | | |  | ****Full Name**** | | | |  | | |
| ****Address**** | |  | | | | |  | ****Address**** | |  | | | | |
|  | | | | | | |  |  | | | | | | |
|  | | | | | | |  |  | | | | | | |
| ****Postcode**** | | |  | | | |  | ****Postcode**** | | |  | | | |
| ****Email**** |  | | | | | |  | ****Email**** |  | | | | | |
| ****How long have you known them?**** | | | | | |  |  | ****How long have you known them?**** | | | | | |  |
| ****How do you know them?**** | | | | |  | |  | ****How do you know them?**** | | | | |  | |

## Commitment & Availability

The timings of the volunteering sessions will vary depending on the needs of the Core Member and other members of the project team. Meeting dates and times will be set before the project begins.

Each volunteer will be required to be available for 1-2 hours per week, for 12-18 months.

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| --- | --- | --- | --- | --- | --- |
| Are you able to commit to the requirements of this role? | |  | Yes |  | No |
|  | Please tick this box to confirm you understand that the Safer Living Foundation is not an official ‘30 hour’ placement provider. | | | | |

We understand that volunteers will have periods where they are not available (returning home in term breaks, holidays, etc.) Please give details of any planned unavailability.

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Please tell us how you heard about volunteering with the Safer Living Foundation?

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### Declaring of involvement with media (required)

The work that The Safer Living Foundation and Circles of Support and Accountability undertakes is sensitive, complex and of interest to public safety. We therefore ask people to declare any involvement in reporting (professionally, voluntarily or personally) through media of any kind (print, TV, radio, social media etc.)

Please cross as appropriate:

|  |  |
| --- | --- |
|  | I am not involved |
|  | I am involved in media reporting (please specify below) |
|  | |

## Declaration

Please check that you have answered all questions (*Sections 1 and 3 – 9 are required*) fully before signing the declaration below.

I certify that the information given is true and complete to the best of my knowledge and belief.

I understand that by signing and returning this document to Safer Living Foundation I am giving my consent for the information contained within to be processed and stored for a maximum of 2 years following the most recent date of correspondence.

|  |  |  |  |
| --- | --- | --- | --- |
| ****Signed**** |  | Date |  |

# Consent

By signing this form, you are confirming that you give consent for The Safer Living Foundation to hold and process your personal data for the following purposes.

If you wish to receive a full copy of our Data Protection Notice informing you of your rights, please contact the office manager.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | |  | | |
|  | Hold and process anonymised data for Equality Measurements and Statistics. | | | |
|  | Processing and storage of your sensitive personal data (for more information on sensitive personal data please see the Information Commissioner’s Office webpage: ico.org.uk). | | | |
|  | Send to referees upon Volunteers request only. | | | |
|  | Request references from names provided by the Volunteer. | | | |
|  | Postal Contact including but not limited to: | | | |
|  |  | | Cards for birthdays, exemplary work etc. | |
|  |  | | Certificates of Completion and Attendance | |
|  |  | | Newsletters | |
|  | Email Contact including but not limited to: | | | |
|  |  | | Newsletters | |
|  |  | | Research Opportunities | |
|  |  | | News and Updates | |
|  |  | | Updating Personal Information | |
|  |  | | Potential CoSA | |
|  |  | | CoSA scheduling | |
|  |  | | Advertising | |
|  | Telephone Contact for scheduling purposes and information regarding your CoSA.  Volunteer telephone numbers will also be listed by first name or initials in a password protected Safer Living Foundation mobile phone, for the sole purpose of the Coordinator contacting the Volunteer. | | | |
|  | Store and share photographs on the below platforms: | | | |
| * Facebook * Twitter * LinkedIn | | | * SLF Website * SLF Newsletter |
|  | Have your email address visible to other volunteers when being sent an email from Safer Living Foundation. | | | |

You can grant consent to all the purposes; one of the purposes or none of the purposes. Where you do not grant consent we will not be able to use your personal data, except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm.

If you do grant consent, please note you can withdraw your consent to all or any of the above purposes at any time by contacting Safer Living Foundation on [SLFHMPWhatton@justice.gov.uk](mailto:SLFHMPWhatton@justice.gov.uk) or ringing 01949 803492. Please note that all processing of your personal data will cease one you have withdrawn consent but this will not affect any personal data that has already been processed prior to this point.

|  |  |  |  |
| --- | --- | --- | --- |
| ****Signed**** |  | Date |  |