Volunteer Application Form

****PRIVATE AND CONFIDENTIAL****

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

# Personal details

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ****First name**** | | |  | | | | | | | | Last name | |  | | | | | | | |
| Pronouns | |  | | She/her | |  | He/him | |  | They/them | | If other, please state | | | |  | | | | |
| 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 |  | | | | | | | | | | | | | | | | | | | |
| Do you need any accommodations (e.g. wheelchair accessible venue) in order to attend an interview or training, or to volunteer with us? | | | | | | | | | | | | | | | | |  | Yes |  | No |
| If yes, please specify: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |

# 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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# Volunteering, skills and experience

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

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Why are you interested in supporting adults or young people who have caused sexual harm to others?

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What skills and experience do you have that would be relevant to this role? This could include skills and experience from your paid work, other voluntary work, or personal 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.

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| --- | --- | --- | --- |
| 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.

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| --- | --- | --- | --- |
| ****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 and 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 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.

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