**Volunteer Application Form**

Please forward a copy of this form to:volunteering@changing-lives.org.uk

**Without our volunteers we couldn’t do what we do, thank you so much for your interest**

Please state which role/s you are applying for

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|  |

Personal Details

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |
| Postcode: |  |
| Date of birth: |  |
| Home phone: |  |
| Mobile: |  |
| Email: |  |
| Emergency contact. Name, relationship to you and contact number: |

Relevant experience

Please tell us about any relevant voluntary or paid experience that you have and why do you wish to volunteer for Changing Lives:

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|  |

Are you currently a client of Changing Lives? Yes [ ]  No [ ]

Have you ever been a client of Changing Lives? Yes [ ]  No [ ]

References

Please provide the details of someone who has known you for at least a year and has agreed to provide reference for you (this could be a previous employer or work colleague, teacher, doctor etc.). Please do not use relatives as references.

|  |  |  |
| --- | --- | --- |
|  | **Referee 1**  | **Referee 2** |
| Name |  |  |
| Address |  |  |
| Email |  |  |
| Phone |  |  |
| What is your relationship to the referee? |  |  |

Please detail hours/days per week you can offer

|  |  |  |
| --- | --- | --- |
| **Day of the week** | **Morning (Please specify times)** | **Afternoon (Please specify times)** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

Additional information

Please detail any needs that you have and would like us to take into account:

(e.g. Disability, caring responsibilities etc. This information will be treated as strictly confidential)

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Declaration

Rehabilitation of Offenders Act 1974

*All information given will be completely confidential.*

Because of the nature of our work, we need to know:

Do you have criminal record\*? Yes [ ]  No [ ]

\*NB. This includes 'spent' convictions as defined by the Rehabilitation of Offenders Act 1974. We undertake DBS checks for all volunteers who are likely to come into contact with Changing Lives’ clients.

If the answer is YES, we may wish to discuss it with you. It will not necessarily prevent you from becoming a volunteer. If you wish, you may give further details below:

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|  |

If you would occasionally like to receive news about volunteering at Changing Lives via email please tick the relevant box below.

Yes [ ]  No [ ]

Declaration

I declare that the information that is recorded in this form is accurate and true.

I understand that providing misleading or false information may disqualify me from undertaking volunteering activity for Changing Lives.I also understand that any offer of placement and subsequent volunteering is subject to satisfactory references and satisfactory disclosure from the Disclosure and Barring Service at the appropriate level.

 Signed Date

|  |  |
| --- | --- |
|  |  |