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# Volunteer application

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| --- | --- | --- | --- |
| Full name: |  | | |
| Full address: |  | | |
|  |  | | Post code: |
| Email address: |  | | |
| Telephone number: |  | Mobile number: | |

Please specify your current situation (working, student, retired etc):

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| --- |
| Emergency contact’s full name: |
| Emergency contact’s full address: |
| Relationship to you: |
| Emergency number: |
| How did you find out about volunteering with the Creating Connections project? |
| What are your reasons for volunteering? |
| Why did you choose to volunteer with Creating Connections project? |

When will you be able to start volunteering?

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| --- | --- | --- | --- | --- |
| We’d like to keep you informed about our work. Please let us know if you’re happy to receive updated via email or post from SeeAbility. | | | | |
| Can we send you updates and more info about SeeAbility? **yes/no** | | | | |
| Can we send you details of our events and fundraising opportunities? **yes/no** | | | | |
| **For SeeAbility use only** |  |  |  | |
| References taken: | Date DBS notes given: | Accepted: yes/no | Start date: | |
| References received: | DBS reference number: | Welcome letter sent: | End date: | |

We require two satisfactory references from people who have known you for at least 2 years. These referees must not be family members and ideally, one should be from somebody who has known you in a professional capacity.

|  |  |
| --- | --- |
| Name:  Email address:  Address:  Postcode:  Telephone:  Relationship to you: | Name:  Email address:  Address:  Postcode:  Telephone:  Relationship to you: |
| Please outline any relevant skills, interests, hobbies or experience: | |
| Is there any additional information you’d like to add, or support needs you might have? | |
| At an organisation working with vulnerable people, certain volunteer roles are considered expect from the provisions of Rehabilitation of Offenders Act 1974.  **If you have any previous arrests, cautions or criminal convictions which would not be filtered in line with current guidelines they must be declared**. Any information received will be treated in the strictest confidence and only considered in relation to the role for which you’re applying.  **Do you have any convictions, cautions, reprimands or final warnings, which would not be filtered in line with current guidelines?**  **yes/no**  If yes, please provide details in a sealed envelope and enclose with this form.  **A criminal record is not necessarily a bar to volunteering.** | |
| **Data Protection**  In accordance with relevant data protection legislation and SeeAbility's privacy policy (www.seeability.org/ privacy), I agree that SeeAbility may hold and use personal information about me in order to keep in touch with me and for producing statistical reports. All data will be held securely and only accessed by authorised staff.  **I certify that all of the information given on this form is correct.**  Signature: Date: | |

# Volunteer recruitment monitoring form

SeeAbility aims to provide equal opportunities in volunteering and to prevent direct or indirect discrimination. Completing this form will assist us to do this. The information you provide will remain confidential and is not used in the process of selecting suitable volunteers.

Ethnic origin:

Gender:

Religion:

Do you consider yourself to have a disability?

Do you have any health condition/s that you want us to be aware of?

**Thank you very much for your interest in volunteering with SeeAbility.**

Registered Charity Number 255913