

VOLUNTEER APPLICATION FORM

1. PERSONAL INFORMATION

SurnameFirst name

Address

.....

Tel. No. (home)

Tel. No. (work) (may we telephone you at work? YES/NO)

Mobile Tel. No

Email

2. Employment history including any unpaid or voluntary work.

You may continue on a separate sheet if necessary

3. Please tell us why you would like to become a Welcare volunteer.

You may continue on a separate sheet if necessary

Is there a specific Welcare Centre where you would like to volunteer?

Is there a specific volunteer role(s) that interests you?

4. Please indicate what times and days you are available for voluntary work.

5. Please tell us of any skills or interests which would be relevant to your work as a volunteer for Welcare.

Do you have any relevant training or qualifications? (e.g. foreign language/first aid, etc.)

You may continue on a separate sheet if necessary

6. HEALTH Do you suffer (or have you suffered) from any illness/disability which may directly affect your volunteering

YES/NO

If yes, please give details:

Do you have any disability or impairment for which we may be able to give you additional support?

If yes, please give details

7. NEXT OF KIN (the person we should contact in case of an emergency)

Name

Relationship to you.....

Telephone number

Mobile number

8. REFERENCES Please give the names and addresses of two referees (not a relative) who can be contacted regarding your suitability as a volunteer.

Reference 1

Reference 2

Name Name

Address Address

.....

.....

Tel. No. Tel. No.

Email Email

How long have you known them?

.....

How do you know this person?

.....

DECLARATION

Do you have the legal right to work in the United Kingdom? YES/NO

I understand that I will be asked to provide proof of my identity and that appointment is subject to a satisfactory Disclosure & Barring Service Enhanced Disclosure and/or Enhanced Disclosure with Barred List check. I also understand that I am required to disclose any record I may have of criminal convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013).

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 in 2013)? 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. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service Website.

(Declaration subject to the Rehabilitation of Offenders Act 1974)

Yes

No

(if yes please provide details and attach)

We need to keep the information you give in this form. We will not share the information with anyone else without getting your permission first. By submitting this form you are giving us permission to store this information on file and on computer.

I hereby declare that the information given in this form is true to the best of my knowledge

Signed Date

PLEASE RETURN THIS FORM TO

Welcare Central Office
19 Frederick Crescent
London
SW9 6XN

or email to: volunteering@welcare.org

■ **Tel:** 020 7820 7910 ■ **Email:** volunteering@welcare.org
Website: welcare.org

Southwark Diocesan WelCare is a Charity registered in England & Wales
Registered Charity Number: 1107859
Company Number: 5275749

President: The Bishop of Southwark
Chair of Trustees: David Atterbury Thomas
Chief Executive: Anna Khan