



Volunteer Application Form

SECTION 1:

Personal Details

Name:

Full Address:

Phone number/s:

Email:

Next of Kin in case of emergency please write who your next of Kin/ emergency contacts.

1st

Name:

Relationship:

Contact number :

2nd

Name:

Relationship:

Contact Number:

We require the names and details of two referees who can support your application, please indicate in what capacity they know you.

Current employer / Colleague

Name:

Someone who has known you for more than two years.

Full Address:

Name:

Full Address:

Phone number/s:

Phone number/s:

Email:

Email:



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SECTION 2:

Please outline any experience you may have of volunteering, including relevant qualifications and experience.

Please indicate what you hope to gain *at a personal level* from volunteering/training with Salcare.

What do you know about safeguarding? And why is it relevant to our work

Please add anything else that you think is relevant to your application.

What role would you be wanting to do? Also please tell us your availability and wishes for time you can provide (e.g half a day a week/ 4 hrs on Tuesday only).

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Previous convictions

The Rehabilitation of Offenders Act 1974 (as amended) helps rehabilitated ex-offenders back into work by allowing them not to declare criminal convictions after the rehabilitation period set by the Court has elapsed and the convictions become 'spent'. During the rehabilitation period, convictions are referred to as 'unspent' convictions and must be declared to employers.

Have you any unspent criminal convictions or bind overs, or any cautions, warnings or reprimands?

Yes

No

If yes please give details

Please note that volunteers may be required to undertake a Disclosure and Barring (DBS) Scheme check. This will be explained to you and not undertaken without your consent, with all information held in strict confidence.

Declaration

Please tick to confirm

I am aged 16 or over

I am not disqualified under the Protection of Vulnerable Adults List.

I do have a health condition or disability which might affect my volunteering and which might require special adjustments to my placement or at the location of my placement.

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the form will be grounds for rejecting this application.

Practical arrangements

Please return this form to: SALCARE, 59, Ray Street, Heanor, Derbyshire or email to: enquires@salcare.org.uk or arttherapy@salcare.org.uk

We will contact you as soon as possible to arrange to meet. If you have any questions, do not hesitate to contact us.

I declare that the information provided on this form is true to the best of my knowledge and belief.

Signature _____

Date _____

FOR OFFICIAL USE ONLY

	Input on Enquiry form	References Checked	DBS Needed	Interview	Role
Who			Y/N		
Date					

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Extra space if required