**INSPIRING COMMUNITIES TOGETHER**

**VOLUNTEER APPLICATION FORM**

**To be completed by/with the volunteer**

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| **Name:** | **Address:** |
| **Telephone No:** | **Email Address:** |
| **What attracts you to volunteering with Inspiring Communities Together?** |
| **Please tell us about any previous volunteering experience(s) and/or life experience(s) you have that you feel are relevant.** |
| **Have you undertaken any previous training that you feel is relevant to this volunteering opportunity?** |  |
| **Reference: Please give the name and address of someone who is willing to provide a reference on your behalf** |
| **Relationship:****Name:****Address:****Email:** | **Relationship:****Name:****Address:****Email:** |

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| **What kind of volunteering are you interested in?** |
| Environmental □ | Community café □ | Nursery □ | Office /adminsupport □ |

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| **Approximately how much time would you like to give each week? Please indicate any particular days or times.** |

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| **Medical Conditions:*****Please give details of any medical conditions that you would like us to be aware of. Inspiring Communities Together will hold this information confidentially.*** |
| **Special Circumstances:*****If there are any additional circumstances that you would like us to be aware of, please detail these below. Inspiring Communities Together will hold this information confidentially*** |
| **Criminal Convictions:*****Do you have any criminal convictions to disclose?*** ***If the volunteering role does not involve working with children or vulnerable adults, directly or indirectly, you can leave out convictions spent under Section 4(2) of the Rehabilitation of Offenders Act 1974.******The Rehabilitation of Offenders Act 1974 does not cover roles that involve working with children or vulnerable adults. When applying for these roles you must declare on this application form Police cautions, criminal convictions, reprimands and warnings and any proceedings currently against you.******Yes / No******If yes, please provide date and the nature of the conviction. Please note that having a criminal conviction does not always mean you cannot volunteer but failure to disclose will affect your opportunity to volunteer with us.*** |

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| **Emergency Contact:**Please write below the name of the person you would like us to contact in case of an emergency. |
| Name |  |  |
| Home Tel. No. |  |  |
| Mobile Phone |  |  |
| Relationship to you |  |  |

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| I am a member of Inspiring Communities Together **YES / NO** | Membership number: |

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| **Declaration:*** The information I have given is true.
* I understand that if I’ve said anything untrue or missed out important information, my volunteering could be stopped.
* I know of no reason why I am not suitable to volunteer with Inspiring Communities Together
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| Signed |  |
| Print name |  |
| Date |  |