**VOLUNTEER APPLICATION FORM**

**ABOUT YOU**

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Address |  |

|  |  |
| --- | --- |
| Phone Number |  |
| Email  |  |

|  |  |
| --- | --- |
| Driving Licence  | YES / NO  |
| Car Owner and willing to use for volunteering  | YES / NO |

Why do you wish to become a Paul’s Place volunteer?

|  |
| --- |
|  |

Do you have any work experience or skills which might be useful for volunteering?

|  |
| --- |
|  |

What do you hope to gain for yourself from your volunteer experience?

|  |
| --- |
|  |

Do you have any hobbies or interests?

|  |
| --- |
|  |

Please indicate when you would be available to volunteer (days/ times).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thurs | Fri |
| Morning |  |  |  |  |  |
| Afternoon |  |  |  |  |  |
| Evening |  |  |  |  |  |

Are there reasonable adjustments that we could make as part of the recruitment process that would enable you to enjoy equality of opportunity in seeking a befriending role with us?

|  |
| --- |
|  |

**CRIMINAL CONVICTIONS**

Paul’s Place operates a ‘safety first’ culture and ensuring that we have the right people in the right roles is important to us.

As part of your volunteering, you are likely to be supporting vulnerable adults and adults deemed at risk and this will mean that we will carry out an enhanced DBS check on you.

It is also necessary to ask you the following:

Have you ever been convicted of a criminal offence, been bound over or cautioned or do you have any hearings pending? (includes motoring offences)

NB this does not necessarily preclude you from volunteering and details can be disclosed at interview, but it is important that it is declared at an early stage so that we can assess your suitability for certain roles.

|  |  |
| --- | --- |
| Yes | No |

If yes, please explain giving dates and brief details

|  |
| --- |
|  |

Are you willing to undergo an enhanced DBS check?

|  |  |
| --- | --- |
| Yes | No |

Do you have a current enhanced DBS certificate for vulnerable adults?

|  |  |
| --- | --- |
| Yes | No |

**REFERENCES**

Please provide names, addresses and telephone numbers of two referees (referees cannot be relatives).

|  |  |
| --- | --- |
| Reference 1 | Reference 2 |
| Name: | Name: |
| Address: | Address: |
| Tel no: | Tel no: |
| Email:  | Email:  |

**VOLUNTEER DECLARATION**

I confirm that all the details on the application form are correct and accurate.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When completed please return

 to: Volunteer Co-ordinator at Paul’s Place, Serridge Lane, Coalpit Heath, Bristol, BS36 2TX or email to Jeasty@paulsplace.org.uk

GDPR and the Data Protection Act 2018

For the purposes of the General Data Protection Regulation and the Data Protection Act 2018 by signing this agreement you agree to the processing of all or any personal or special category data relevant to your volunteering duties by Paul’s Place or any third party nominated by the charity and bound by a duty of confidentiality.

**TO BE COMPLETED FOR ALL APPLICANTS UNDER THE AGE OF 18**

PARENT / GUARDIAN CONSENT

I hereby consent to the applicant named above to volunteer with Paul’s Place

|  |  |
| --- | --- |
| Signature of Parent/Guardian: |  |
| Contact Number of Parent/Guardian: |  |
| Name: |  |
| Dated: |  |

Does work placement student / young volunteer have any medical conditions or allergies that we should be aware of?

|  |  |
| --- | --- |
| Yes | No |

If yes, please give details:

|  |
| --- |
|  |