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| Volunteer Application Form |

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| **THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.** |

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| Section 1 Personal details |

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| --- | --- | --- | --- |
| Last Name: |  | **First Name:** |  |

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| --- | --- |
| Address: |  |
|  |  |
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|  |  |
| --- | --- |
| Postcode: |  |

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| --- | --- |
| **Day time contact phone No:** |  |

|  |  |
| --- | --- |
| **E-mail address:** |  |

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| Section 2 Volunteering roles |
| **Please indicate the type of volunteering you are interested in:**   |  |  | | --- | --- | | Drug/Alcohol Support (Groups, Needle Exchange, Triage, Drop-in, Front of house) |  | | Activities (fishing, cooking, social enterprise, art, music, CV/IT skills) |  | | Complementary treatments |  | | Youth service support (groups, outreach, drop-in) |  | | Family support (admin, befriending, group co-facilitation) |  | | Community Connection (Social Prescribing) (signposting, research, admin) |  | | Homeless/Housing support |  | | General admin |  | | PR/Fundraising/Promote service locally |  | |  |  |  |  |  | | --- | --- | | Other: |  | | Role you are interested in (if known): |  |  |  |  | | --- | --- | |  |  | |

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| **How did you hear about us?** |  |

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| **Section 3 About you** |
| Please state briefly why you are interested in becoming a volunteer at DHI |
|  |
| What can you bring to the organization? Please tell us about any relevant voluntary/paid work experience, qualifications, hobbies, interests and skills. If you are applying for a specific role, please tell us how you fit any criteria in the role advert: |
|  |
| Continue on a separate sheet if necessary |
| Section 4 Locations and Availability | | |

**Where would you be willing to volunteer?**

Please note that DHI is only able to reimburse travel expenses within your local area

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bath |  |  | Bristol |  |
| Midsomer Norton |  |  | Wiltshire |  |
| Warmley/South Gloucestershire |  |  |  |  |

**At what times are you available for volunteering?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TIME** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **Morning** |  |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |

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| **Section 5 Rehabilitation of Offenders Act (1974)** |

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| Roles are usually offered subject to a satisfactory enhanced Disclosure and Barring Service (DBS) check.  Information given will be completely confidential. |

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| If 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) by SI 2013, please give the details below. |
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| **Section 6 Protecting Children and Vulnerable Adults** | | | | | |
| **Enhanced Checks**  Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this role? | Yes |  | No |  |

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| **Section 7 Other information** |

Is there anything else that you think we need to know that might affect your ability to volunteer with us?

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| **Section 8 References** |

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| Please give the names and details of two referees. These should not include family members.  Please be aware that any offer of a volunteer role is made on the basis of receipt of two satisfactory references. |

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| **Reference 1** |

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| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Position (Job title): |  |

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| --- | --- |
| Relation to you: |  |

|  |  |
| --- | --- |
| Organisation: |  |

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| --- | --- | --- |
| Address: |  | |
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|  |  | |
|  | Postcode |  |

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| --- | --- |
| Telephone No: |  |

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| --- | --- |
| E-mail: |  |

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| **Reference 2** |

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| --- | --- |
| Name: |  |

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| --- | --- |
| Position (Job title): |  |

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| --- | --- |
| Relation to you: |  |

|  |  |
| --- | --- |
| Organisation: |  |

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| --- | --- | --- |
| Address: |  | |
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|  |  | |
|  | Postcode |  |

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| --- | --- |
| Telephone No: |  |

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| --- | --- |
| E-mail: |  |

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| |  | | --- | | **Section 9 Declaration** |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | A. Relatives/Other Interests | | | | | | Are you related to or do you have a close personal relationship with a board member or employee(s) of DHI? | Yes |  | No |  |  |  |  | | --- | --- | | If yes, specify name(s), position(s)  and relationship(s) |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | If appointed, do you have any interests or hold any appointments that may conflict with volunteering in the role for which you have applied?  If yes, please detail on a separate sheet. | Yes |  | No |  |  |  | | --- | | B. Statement to be Signed by the Applicant  The Company is committed to an anti-fraud culture and participates in statutory anti-fraud initiatives.  Please complete the following declaration and sign it in the appropriate place below. I acknowledge that Developing Health & Independence is under a duty to protect the Service Users it supports and to this end I agree it may use information provided on this form for the prevention and detection of crime and it may share this information with other bodies solely for these purposes. I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes. **I hereby certify that:**   * **all the information given by me on this form is correct to the best of my knowledge** * **all questions relating to me have been accurately and fully answered** * **I possess all the qualifications which I claim to hold** |  |  |  |  |  | | --- | --- | --- | --- | | Signed: |  | **Date:** |  | |  |  |  | | --- | | Developing Health & Independence undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998. |  |  | | --- | | R E T U R N I N G T H I S F O R M | | **By email to** [volunteers@dhi-online.org.uk](mailto:volunteers@dhi-online.org.uk) | |

**We would be grateful if you would also complete the attached equality and diversity form.**

Promoting Equality, Diversity and Inclusion

Equality, diversity and inclusion is a core belief of Developing Health & Independence (DHI). All staff who work for DHI have a strong commitment to treating everyone fairly, challenging inequalities and promoting and advancing opportunities for all by ensuring that equality of opportunity is integral to our policies and working practices. We aim to create conditions where every individual is treated with respect and dignity, where everyone has the right to equal and fair treatment and can engage and contribute.

DHI aims to ensure that no job applicant, staff member, volunteer or organisation or individual to whom we provide services, will be discriminated against on any grounds including:

Age, Disability, Gender Re-assignment, Marriage and Civil Partnership Status, Pregnancy or Maternity, Race, Religion or Belief, Sex or Sexual Orientation, or Political Belief, Class, Caring Responsibility, Employment Status, Trade Union Membership or Unrelated Criminal Conviction.

In order to monitor how effective our equality and diversity policies are being implemented we ask all those applying for roles to complete an equality and diversity questionnaire.

Information collected is used by HR only for general reporting and has no impact on recruitment decisions.

**We would be grateful if you would complete the following in complete confidence:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sex** |  |  | **Sexual orientation** |  |  | **Gender** |  |
| Male |  |  | Bi-sexual |  |  | Male |  |
| Female |  |  | Gay/Lesbian |  |  | Male to Female |  |
| Prefer not to say |  |  | Heterosexual |  |  | Female |  |
|  |  |  | Prefer not to say |  |  | Female to Male |  |
|  |  |  |  |  |  | Prefer not to say |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Marital status** |  |  |  | **Age** | |  | |  | |  | |  | |
| Single |  |  |  | 16-24 | |  | |  | | 45-49 | |  | |
| Married |  |  |  | 25-29 | |  | |  | | 50-54 | |  | |
| Separated |  |  |  | 30-34 | |  | |  | | 55-59 | |  | |
| Divorced |  |  |  | 35-39 | |  | |  | | 60+ | |  | |
| Widowed |  |  |  | 40-44 | |  | |  | | Prefer not to say | |  | |
| Civil Partnership |  |  |  |  | |  | |  | |  | |  | |
| Prefer not to say |  |  |  | |  | |  | |  | |  | |  |

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| Et  **Ethnicity** |  |  |  |
| Asian: Bangladeshi |  | White: Gypsy or Irish Traveller |  |
| Asian: Chinese |  | White: Irish |  |
| Asian: Indian |  | Other White: Other |  |
| Asian: Pakistani |  | Multiple Ethnicity: White/Asian |  |
| Asian: Other |  | Multiple Ethnicity: White/Black |  |
| Black/African/Caribbean: African |  | Multiple Ethnicity: White/Black Caribbean |  |
| Black/African/Caribbean: Caribbean |  | Multiple Ethnicity: Other |  |
| Black/African/Caribbean: Other |  | Other Ethnic Group |  |
| White: British |  | Prefer not to say |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Religious Belief** | | | |  |
| Buddhist |  |  | Sikh |  |
| Hindu |  |  | Other not listed |  |
| Jewish |  |  | None |  |
| Muslim |  |  | Prefer not to say |  |
| Christian (all denominations) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you pregnant or do you have a child under 6 months old?** | |  | **Do you consider yourself disabled?** | |
| Yes |  |  | Yes |  |
| No |  |  | No |  |
| Not applicable |  |  | Prefer not to say |  |
| Prefer not to say |  |  |  |  |

###### **Thank you for completing this form. Please now return your application to**

###### **volunteers@dhi-online.org.uk**