Dear Applicant,

Thank you for expressing an interest in becoming a volunteer with Second Step. We value the time you are taking to be a part of our team!

Please take time to read the relevant role profile for the role you are applying for. The application process is as follows:

* Complete application form (see below)
* Once received, we will usually contact you within 3-5 days to let you know the outcome of your application. If shortlisted, we will invite you to attend an informal interview with a member of the team, this usually takes place virtually, via Zoom.
* If successful at interview, we will carry out a Disclosure and Barring Service Check (DBS). This is to ensure both your safety and the safety of the people that you will be supporting. This takes approx. 2-4 weeks and there is no cost involved for you. Having a criminal record will not automatically prevent you from becoming a volunteer.
* If you already have a valid DBS - Enhanced Adult Workforce certificate (issued within the last year), this will be accepted.
* We will seek references from the referee details provided in the application form.
* You are required to attend training with us before you begin your role. This consists of 3x Second Step Induction virtual classroom sessions (2 hours each),1x online training module (approx. 45mins) and ½ day Volunteer Training. We will also provide you with a project induction. *Please note, training is currently delivered during office opening hours (9-5pm, Monday-Friday).*

We endeavour to make our application process as accessible as possible. If you require any assistance in completing the form, require a different format or have any queries, please contact us via email [volunteering@second-step.co.uk](mailto:volunteering@second-step.co.uk) or call 0117 9096630 to leave a message for the Volunteering Service, we will get back to you as soon as possible.

We look forward to receiving your application form.

Best wishes

Volunteering Team Second Step

**Volunteer Application Form**

**Personal Details**

Name:

Date of Birth:

(You must be aged over 18 to volunteer with us)

Address:

Telephone number:

Email address:

Do you have a valid (issued within the last year) DBS Enhanced Adult Workforce certificate? Yes  No

Do you identify as a ‘peer’? This refers to somebody willing to use their lived experience within the role, such as mental health issues, a history of drug/alcohol addiction, homelessness, or offending history: Yes  No

Please tell us how you heard about volunteering with Second Step:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteer Roles – Please read the role profiles**

Please specify which role you are applying for (you can apply for more than one role)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Availability**

Please indicate when you are available to Volunteer

Weekdays  **Monday-Friday 09:00-17:00**

Are you able to commit to 6-12 months of volunteering? **Yes☐ No☐**

**About you**

Please use the space below to tell us about you and why you are applying to volunteer with Second Step, please let us know the skills and experience you can bring to the role.

It is helpful to let us know whether you have any support needs, these might be related to your own mental health, drug/alcohol addiction, housing, offending, physical health, or learning. Please let us know if you have your own support in place. This will help us to support you in your role and match you with the volunteering opportunity that best suits you.

|  |
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**References**

Please provide the names of two people we can request a reference from who can comment on your suitability for this role.

Your referees should be people who have known you for at least 1 year. At least one of your referees should have known you professionally, e.g., an employer, tutor, or support worker.

If you cannot supply a referee who has known you both for 1 year and professionally, please supply contacts that know you well but are not family members.

Please contact us if you have any questions about references.

**Reference One:**

Name:

Relationship to you:

How long have you known this person?

Email Address:

**Reference Two:**

Name:

Relationship to you:

How long have you known this person?

Email address:

|  |  |
| --- | --- |
| **Certification and Consent** | |
| I certify that the details in this application are correct and agree that any enquiries may be made, or documentation requested to substantiate all statements made by me. I give my consent to record this information confidentially, and for it to be used to identify suitable opportunities for me, and for statistical purposes. | |
| **Printed Name** |  |
| **Signature –** Please type if completing electronically. |  |
| **Date** |  |

Shortlisting is done purely based on this application form; please **do not** send CVs or other documentation. Please ensure that all relevant information is contained within this form.

**Equal Opportunities Monitoring Form**

Any information you give to Second Step on this form will be treated in the strictest confidence. We will only use this information in accordance with the Data Protection Act for the purposes of combating discrimination and encouraging diversity. This information may be stored on manual and computer files.

**ETHNICITY**

**White**

British

Irish

Gypsy/Romany  Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_

Eastern European  Pease specify \_\_\_\_\_\_\_\_\_\_\_\_\_

Other  Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mixed Race/Dual Heritage**

White and Black Caribbean

White and Black African

White and Asian

Other  Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Asian or Asian British**

Indian

Pakistani

Bangladeshi

Chinese

Other  Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Black** **or Black British**

African

Somali

Caribbean

Other  Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any Other Background**

Arab

Iranian

Iraqi

Kurdish

Turkish

Other  Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred not to state

**GENDER**

Male  Female  Transgender  Prefer not to state

**AGE**

18-24 25-34 35-44 45-54 55-64 65+

Prefer not to state

**DISABILITY**

Do you have a disability you wish to tell us about? If so, please specify below

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**SEXUAL ORIENTATION**

Heterosexual  Gay  Lesbian  Bisexual

Prefer not to state

**RELIGION**

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

None

Other  Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to state

**ARE YOU EX-ARMED FORCES PERSONNEL?**

Yes  No  Prefer not to state