

**Specialist Van Volunteer: Team Leader Pathway:**

**Volunteer Application Form**

Thank you for your interest in volunteering for One25. If you need assistance completing this form please telephone 0117 909 8832 or email iwanttovolunteer@one25.org.uk

Please provide your **contact details:**

|  |  |
| --- | --- |
| Full Name |  |
| Preferred name |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |
| Date of birth  |  |

**Please note to be selected on this programme you will need to be able to commit to 2 nights and 1 evening a month for the next 6 months.**

**Which nights would you be available to volunteer?**

Please tick all that apply:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mondays8:45pm to 12:30am | Tuesdays8:45pm to 12:30am | Wednesdays8:45pm to 12:30am | Thursday8:45pm to 12:30am | Friday8:45pm to 1:30am | Saturday8:45pm to 1:30am | Sunday 8:45pm to 12:30am |
|  |  |  |  |  |  |  |

**Your Age**

*To volunteer with our women you need to be 18 or over.*

I am 18 or older: o Yes o No

**DBS Checks**

*We ask all frontline volunteers to undergo a Disclosure and Barring Service (DBS) check. Having a criminal record will not necessarily prevent you from volunteering with One25.*

**Tick as appropriate.** I have criminal convictions, spent or unspent: o Yes o No

**Recent history of street sex work or addiction to drugs/alcohol**

*We welcome volunteers who have a background of street sex work and/or have recovered from addictions. However, for your safety and the safety of the women we support, we do not recruit frontline volunteers who have been involved in street sex work within the last two years or are in active addiction. For frontline volunteers who have a recent (last 2 years) history of addiction to drugs/alcohol/other substances, recruitment depends upon the outcome of a welfare assessment with our drug and alcohol recovery worker.*

**Please tick as appropriate.**

I have been involved in street sex work in the last 2 years:

o Yes o No

I’ve had an addiction to drugs/alcohol/other substances**:**

o Yes o No

**Please answer the following questions:**

|  |
| --- |
| 1. Why do you want to volunteer for One25?
2. Why do you want to be a Team Leader?
3. What relevant skills and experience do you have to bring as a Team Leader?
4. In relation to the role you are applying for, what do you want to learn from volunteering at One25?
5. How long (e.g. how many months or years) do you think you are likely to be able to volunteer at One25 for (after the programme ends)?
6. How do you plan to balance volunteering and other commitments (such as work, family, studying and welfare)?
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|  |

Please provide details of referees we can contact to comment on your suitability for volunteering. These can be colleagues or friends but **not family members**.

|  |  |
| --- | --- |
| **Referee One** | **Referee Two** |
| Name: | Name: |
| Address: | Address: |
| Email: | Email: |
| Telephone: | Telephone: |
| How do you know this person? | How do you know this person? |

**Declaration**

I give permission for One25 Limited to retain any relevant data about me (including relevant sensitive data) that is received verbally or in writing or is kept in electronic form, on the understanding that it will only be used or disclosed in connection with the work of One25 Limited or at my specific written request: e.g. for a reference.

I confirm that all the information I have supplied in this application is complete and accurate.

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Signed Date

Please return this form by email to iwanttovolunteer@one25.org.uk