**home-Start bristol**

Registered Charity No: 1116207

Company No. 5745817

Unit 11, The Greenway Business Centre, Doncaster Road,

Southmead, Bristol, BS10 5PY

Tel: 0117 9501170

E-mail: admin@homestartbristol.org.uk



**CONFIDENTIAL - Volunteer Application Form**

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| --- | --- | --- | --- | --- |
| Name: | |  | | |
| Current address  (including postcode): | |  | | |
| If you have been at this address for less than five years, please give previous address: | |  | | |
| Home telephone no: | | |  | |
| Mobile telephone no: | | | Email address: | |
| Emergency contact details (name, contact telephone number, relationship to you): | | |  | |
| Nationality: | | | Ethnic origin: | |
| Do you speak any additional languages (including sign language): |  | | | |
| What type of transport would you use? |  | | If car, do you have a current clean driving licence? | YES/NO |
| Please give information about your own parenting experience – e.g. are you a parent/ step parent/ foster carer? (Please give ages of children) | | | | |

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| What do you/did you find enjoyable about parenting? |
| What do you/did you find challenging? |
| Please give details of any voluntary or paid work you have done, that is relevant to working with children and families: |
| Have you any commitments which could affect your work with Home-Start Bristol (e.g. part-time work, days or times when you are not available)? |
| What are your hobbies and leisure interests? |
| Have you any skills or personal experiences which may be relevant to your work as a volunteer for Home-Start Bristol? |
| Additional information about why you would like to become a volunteer for Home-Start Bristol:(continue on a separate sheet if necessary) |
| Do you give your permission for all this information to be kept on file and on the computer in the Bristol Home-Start office? YES/NO  (This information remains confidential and will not be passed on to any third party) |

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| **REFERENCES:** Please give the name and address of two referees (not a relative) who have known you for a minimum of 2 years who may be contacted by Home-Start. Please ask permission prior to submitting referees and include full address.  Please include at least one professional reference, (previous employer wherever possible; alternatively, school, college or other professional such as a religious leader or a volunteer supervisor) who may be contacted by Home-Start. Please ensure that at least one of your referees is able to comment on your suitability to work with children, young people and vulnerable adults. | |
| **Referee 1** | **Referee 2** |
| **Name:**  **Address:**  **E-mail:**  **Tel no:**  **In what capacity do you know this person?**  **How long have you known them for?** | **Name:**  **Address:**  **E-mail:**  **Tel no:**  **In what capacity do you know this person?**  **How long have you known them for?** |

**CONFIDENTIAL**

As volunteers are in a privileged position visiting families in their own homes and have contact with young children, Home-Start has a responsibility to ensure that no one becomes a volunteer who would misuse this trust. Therefore, it is essential that you complete and sign this form.

|  |  |
| --- | --- |
| **Name:** | |
| Have you had any personal contact with Social Services/Social Work Department or NSPCC/Children 1st in connection with children in your care? | Yes / No |
| Do you have any medical condition (physical or mental) that could affect your work as a volunteer? | Yes / No |
| Have you ever been dismissed from any paid or voluntary work? | Yes / No |
| Have you ever been convicted of a criminal offence? | Yes / No |
| Are there any matters outstanding which may lead to a criminal prosecution? | Yes / No |
| If you answer yes to any of the above questions, please give details: | |

* I give permission for Home-Start Bristol to carry out a police check for criminal convictions, or any other checks with the Department of Health, Social Services or Department for Education. (I understand that my National Insurance number may be required). **Yes/No**
* I know of no reason why I would be unsuitable to be a Home-Start volunteer. **Yes/No**
* I have read, understood and consent to the way HSB will use my personal data, as described in the Privacy Notice. **Yes/No**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**