**VOLUNTEER APPLICATION FORM**

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| Please return this form by post or email to [ann.vink@wecareandrepair.org.uk](mailto:ann.vink@wecareandrepair.org.uk)  We Care Home Improvements, 5 Hide Market, Waterloo Street, St. Philips,  Bristol BS2 0BH | | |
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| PERSONAL DETAILS | | |
| Name Click here to enter text. | | |
| Address  Click here to enter text. | | |
| Date of birth: Click here to enter text. | | |
| Home telephone number  Click here to enter text. | E-mail address  Click here to enter text. | |
| Mobile no  Click here to enter text. | Emergency contact (name & telephone no.)  Click here to enter text. | |
| Why would you like to volunteer with We Care Home Improvements? | | |
| Click here to enter text. | | |
| **Which volunteer role are you interested in?** | | |
| Click here to enter text. | | |
| **What relevant skills and experiences do you have that will help you to perform in your voluntary role?** | | |
| Click here to enter text. | | |
| **Where did you hear about these voluntary opportunities?** | | |
| Click here to enter text. | | |
| **How much time would you be able to commit to on a weekly basis and what days do you prefer to volunteer?** | | |
| Click here to enter text. | | |
| HEALTH/DISABILITY RECORD | | |
| Any information supplied in this section will be used to ensure we comply with the requirements of the Disability Discrimination Act 1995. | | |
| Are there any access or support arrangements that We Care Home Improvements could make on your behalf to enable you to attend the interview, and to help you in your volunteering role?  Click here to enter text. | | |
| DATA PROTECTION ACT 1998, DISCLOSURE AND BARRING SERVICE CHECK & REHABILITATION OF OFFENDERS ACT 1994 | | |
| Any information supplied in relation to your application will be handled, stored and shared in line with obligations under the Data Protection Act 1998. You have the right to request any information held in line with your application to WE Care & Repair. Our Disclosure Policy is available upon request.  In the event of a successful application, an enhanced Disclosure from the Disclosure and Barring Service will be requested. Due to the nature of some roles, an enhanced DBS including a check of the DBS barred list will be required.  Please refer to the role description to check which level of DBS is required for your role.  In accordance with the Rehabilitation of Offenders Act along with guidance from the Home Office and the Disclosure and Barring Service, **We Care Home Improvements will not discriminate against ex-offenders with criminal records if it is judged that the offence has no relevance to the volunteer role applied for.** Please notify us should you like to read this policy. | | |
| I consent for We Care Home Improvements to use my information to apply for a DBS check on my behalf at the level that is required to enable me to carry out my voluntary role:  Choose an item.  Have you been convicted of a criminal offence which at the date of this application would be considered unspent?  Choose an item. | | |
| If ‘Yes’ please give details:  Click here to enter text. | | |
| DECLARATIONS | | |
| Are you a relative or spouse/partner/co-habitee of a We Care Home Improvements employee or member of our management team?  Choose an item.  Do you have any direct or indirect financial or personal interests related to WE Care & Repair?  Choose an item.  Have you been a client of We Care Home Improvements?  Choose an item. Do you have a financial interest in any partnership, company or organisation which sells goods or services to We Care Home Improvements? Choose an item. | | |
| If ‘Yes’ to any of the above, please give details:  Click here to enter text. | | |
| I declare that the information given on this form is correct to the best of my knowledge. (NB: provision of false or incomplete information will cause the offer of a volunteer role to be withdrawn) | | |
| **Signature** Click here to enter text. | | **Date** Click here to enter text. |

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| REFEREES |
| Please give details of two referees who can provide a character reference – preferably from someone who knows you from volunteering or paid work (preferably not friends or family). They will be contacted after your interview, with your permission.  The offer of a volunteer role with We Care Home Improvements can only be made once two satisfactory references have been received. |
| Name of first referee  Click here to enter text.  How do they know you?  Click here to enter text.  Address  Click here to enter text.  Daytime telephone number  Click here to enter text.  E-mail address  Click here to enter text. |
| Name of second referee  Click here to enter text.  How do they know you ?  Click here to enter text.  Address  Click here to enter text.  Daytime telephone number  Click here to enter text.  E-mail address  Click here to enter text. |
| For office use only:  1st reference date sent date received  2nd reference date sent date received |