St Paul’s Community Development Trust



Volunteer - Application Form

*‘The Trust recognises that we all have an individual responsibility and are committed to safeguarding and promoting the wellbeing of all children, young people and vulnerable adults, and expects our staff, students and volunteers to share this commitment.’*

**Name**

# Address

# Contact number

# Email address

**Areas that you are interested in** Tick Tick

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Environmental - Gardening | |  | Children (0-5 year olds) |  |
| City Farm – Animal care | |  | Playwork after school (5 – 11 year olds) |  |
| Community events/open days | |  | Holiday playschemes (5 – 11 year olds) |  |
| St Paul’s Primary School | |  | Family Support |  |
| St Paul’s Secondary School | |  | Translation |  |
| Other - Please specify |  | | | |

**Areas in which you have skills or experience**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Art & crafts |  | Working with children |  | Working with young people |  |
| Teaching |  | Drama/music or dance |  | Sports |  |
| Mentoring |  | Administration/IT |  | Finance |  |
| Organising events |  | Environmental |  | Fundraising |  |
| Other – Please specify | | | | | |

**How long would you like to volunteer for?**

**Are there particular days or times that you are available?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|  |  |  |  |  |  |  |



**Additional needs or access**

Do you have any access requirements or require support to enable you to volunteer?

**All volunteers at St Paul’s are expected to undertake** Safeguarding the Welfare of Children and Young people Training.

**Volunteers who are assisting with children and young people or vulnerable adults are required to complete a DBS (Disclosure and Barring Service) check.**

**Please indicate your reasons for volunteering**

|  |  |
| --- | --- |
| I would like to get some experience in order to find employment   * 1. I have never worked before   2. I have limited work experience   3. I have just qualified/finished a course   4. I am unemployed and have been referred by the job centre |  |
| I want to gain experience before I start a further education course |  |
| I want to change career and the experience will help me decide what to do |  |
| I would like to support the community by giving up some of my free time |  |
| Other – please explain |  |

# Please list any relevant experience/ qualifications

**Do you speak any other languages?**

**How did you find out about the Trust’s volunteering scheme?**

**Thank you for completing this form, if you would like to add anything you can use this section.**

**Criminal record.** All positions (paid or voluntary) are exempt from the provisions of the

Rehabilitation of Offenders Act 1974. We are obliged to ask you to disclose any convictions, cautions, reprimands, or final warnings.

Please detail any such below. All information is confidential and will be considered only if relevant to the work you will be doing.

If none, write “I have no criminal convictions, cautions or pending court cases”.

**Volunteers who are assisting with children and young people or vulnerable adults are required to complete a DBS (Disclosure and Barring Service) check.**

**Referees.**

Please give the names and addresses of 2 people who know you and are willing to supply a reference. *Preferably*, one should be someone who knows you in a work, education or voluntary capacity. Alternatively, we may accept references from an established community or church group.

**A** **B**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Email |  | Email |  |
| Telephone |  | Telephone |  |
| Address |  | Address |  |
| Postcode |  | Postcode |  |

**In what capacity do these people know you?**

Signature of applicant

Date

**Data Protection Notice**

The information contained on this form will be processed in accordance with the principles of the Data Protection Act 2018 & GDPR. We will process the personal data contained in the form as you have **consented** to register as a Volunteer**,** therefore the legal basis for processing the information is your signed **consent.**

The information contained will only be processed by authorised St Pauls Community Development Trust staff. Unless otherwise stated we will not be share this information with any third party organisation. We do not process this data outside of the EEA or use any automated decision making or profiling to process your information. For full details of our Data Security & Privacy Statement refer to our website.

The information in this form will be normally be retained as long as you are an active Volunteer.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **new sun gs without text 040519** | | **Internal Use Only** | | | | | | |
| **Equal Opportunities Monitoring** PRIVACY NOTICE In order to help us effectively monitor our Volunteer Programmes you are requested to complete this equalities monitoring form. This form will be treated in the strictest confidence and will be separated from your application form for analysis by the Volunteer Manager. I hereby agree to the processing of my personal data, please tick this box | | | | | | |
| Where did you hear about the volunteering scheme? | | | | | | | Are you:  Male Female | |
| Word of mouth | Internet | | | Referral | | | Date of Birth | |
| Other Please specify \_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | | Age (years) | |
| Do you consider yourself to have a disability?  Yes  No | | | | | | | | |
| If yes, please give details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **ETHNIC ORIGIN** | | | | | | | | |
| How would you describe your ethnic origin? **Please put a cross in one of the boxes** | | | | | | | | |
| Ethnic origin refers to members of an ethnic group who share the same cultural background and identity. The categories listed below are approved by the Commission For Racial Equality. | | | | | | | | |
| Asian or Asian British - Bangladeshi | | | | | Mixed – White and Black African | | | |
| Asian or Asian British - Indian | | | | | Mixed – White and Black Caribbean | | | |
| Asian or Asian British - Pakistani | | | | | Mixed – other Mixed | | | |
| Asian or Asian British - Other Asian | | | | | White - British | | | |
| Black or Black British - African | | | | | White Irish | | | |
| Black or Black British - Caribbean | | | | | White – Other White | | | |
| Black or Black British - Other Black | | | | | Yemeni | | | |
| Chinese | | | | | Not known or prefer not to say | | | |
| Mixed – White and Asian | | | | | Any other group (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **OTHER** | | | | | | | | |
| **Religion** | | | | | | I have no religious beliefs  Prefer not to say | | |
| I would describe my religious background as: | | | | | |  | | |
| **Sexual Orientation** | | | | | |  | | |
| Bi Sexual | | | Gay/Lesbian | | | Heterosexual | | Prefer not to say |
| (an individual who is sexually attracted to both men and women) | | | (an individual who is sexually attracted to someone of the same sex) | | | (an individual who is attracted to someone of the opposite sex) | |  |
| **ARRANGEMENTS FOR INTERVIEW** | | | | | | | | |
| Please give details of any arrangements you may require if called for interview | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |



Emergency Contact Details

We hope you will assist us by completing this form. This information will be used in the event of an emergency, and for no other reason. The data will be treated with the utmost confidentiality.

Please fill in the name of two people we can contact in case of emergency

|  |  |  |  |
| --- | --- | --- | --- |
| **Next of Kin** | | **2nd Emergency contact** | |
| Name |  | Name |  |
| Address |  | Address |  |
| Mobile Number |  | Mobile Number |  |
| Home Number |  | Home Number |  |
| Work Number |  | Work Number |  |
| How does this person know you? |  | How does this person know you? |  |

Health – Is there anything we need to know to better involve or support you?

eg allergies, epilepsy, diabetes

If yes, please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_