

VOL03 SOP Volunteer Application Form

|  |  |
| --- | --- |
| **Please state the volunteer post(s) that you are interested in:** |  |

**Your Contact Details (please tick your preferred method of contact)**

|  |  |  |
| --- | --- | --- |
|  | Name |  |
|  | Address |  |

|  |  |  |
| --- | --- | --- |
|  | Mobile |  |
| Email |  |

**Preferred location(s) to volunteer in (please tick locations)**

|  |  |  |
| --- | --- | --- |
|  |  |  |

***If you need assistance completing this application form or require a different format please contact your local Volunteer and Mentoring Coordinator***

|  |  |  |
| --- | --- | --- |
|  | Name | ***ADD VMC DETAILS*** |
| Mobile |  |
|  | Email |  |

**To support your application please answer the following questions;**

**Please tell us why you are applying for this role and what you hope to gain from your time as a volunteer with Depaul UK?**

**What skills, knowledge and experience could bring to Depaul UK as a volunteer?**

**What challenges do you think you might face within your voluntary role?**

What challenges do you think the young people Depaul UK support face, and what type of assistance may they need to overcome them?

**Because of the nature of our work with young people, we need to know:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have a criminal record? \*** | **YES** |  | **NO** |  |

***\*NB. This includes 'spent' convictions as defined by the Rehabilitation of Offenders Act 1974. We undertake Police Checks for all volunteers who are likely to come into contact with Depaul UK clients.***

**If the answer is YES, we may wish to discuss it with you. It will not necessarily prevent you from becoming a volunteer. If you wish, you may give further details below:**

|  |
| --- |
|  |

**Please provide the names and addresses of two referees, at least one (but preferably both) of which should know you in a professional capacity - e.g. employer, volunteer manager, teacher etc. (block capitals):**

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name |  |  |
| Phone |  |  |
| Email |  |  |
| Relationship to referee |  |  |

**I confirm that the information given on this form is correct to the best of my knowledge.**

|  |  |
| --- | --- |
| Signed: |  |

|  |  |  |
| --- | --- | --- |
| Date: |  | |
|  | | |
|  | | |
|  | | |
| **Please return this form to:** | |

**PLEASE PROVIDE EMAIL AND OFFICE ADDRESS**