# Volunteer Application Form

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| **Role Applied For (if applicable):** |  |

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| **Personal Details** | | | | | | | | | | | | | | | |
| Title: |  | | | Surname: | |  | | | | | First Name(s): | |  | | |
| Address: | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | Post Code: | |  | | |
| Telephone: | |  | | | | | | | | | Mobile No: | |  | | |
| DOB: | |  | | | | | Email: | |  | | | | | | |
| Would you like to be added to our mailing list? | | | | | | | | | | | | | | YES / NO | |
| Do you hold a current driving license? (if applicable to the role) | | | | | | | | | | | | | YES/NO | | |
| Do you have access to a vehicle? | | | | | | | | | | | | | YES/NO | | |
| Do you hold a current DBS? | | | | | YES / NO | | | Update Service No (if applicable) | | | | |  | | |
| Do you have any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?  If YES, please give details: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
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| **When would you be available to volunteer?** | | | | | | | | | | | | | | | |
|  | | | Monday | | | Tuesday | | | | Wednesday | | Thursday | | | Friday |
| AM | | |  | | |  | | | |  | |  | | |  |
| PM | | |  | | |  | | | |  | |  | | |  |
| Evening | | |  | | |  | | | |  | |  | | |  |
| Weekends | | |  | | | Ad hoc/varies | | | |  | | | | | |

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| LAre there any other limitations on your availability that you foresee e.g. school holidays, booked holidays, courses and/or work responsibilities that may limit your availability? |

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| **Education** | | | |
| School / College / University attended | Date from | Date to | Qualifications gained |
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| **Employment and Volunteering History**  Please list all relevant employment and/or volunteering experience (beginning with most recent). Continue on a separate sheet if necessary. | | | |
| Start date and end date | Name & address of employer | Job title & responsibilities | Reason for leaving |
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| **Personal statement**  Please use this space to tell us why you are applying to volunteer with Chapter and how your skills and experience match the responsibilities of this role as per the role description.    Please refer to any training, experience (paid, voluntary or life experience/hobbies/interests) and personal qualities that you feel you will bring to Chapter. |
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| **References** | | | | | |
| Please give the name and address of two referees that you have known for a minimum of two years (not a relative) 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 Chapter. If you have any problems seeking references for any reason, please contact us to discuss further. | | | | | |
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| **Referee 1** | | | | | |
| Surname: |  | | | First Name(s): |  |
| Title: |  | Address: |  | | |
|  | | | | | |
|  | | | | Post Code: |  |
| Job Title: |  | | | | |
| Relationship: |  | | | | |
| Telephone: |  | | | | |
| Email: |  | | | | |
|  | | | | | |
| **Referee 2** | | | | | |
| Surname: |  | | | First Name(s): |  |
| Title: |  | Address: |  | | |
|  | | | | | |
|  | | | | Post Code: |  |
| Job Title: |  | | | | |
| Relationship: |  | | | | |
| Telephone: |  | | | | |
| Email: |  | | | | |

I give permission for Chapter Mental Health to carry out criminal record checks (DBS) at enhanced level with the appropriate agency, if this is required for the role.

I understand that Chapter Mental Health may hold personal information about me including sensitive information such as age, race, sex and disabilities that they will use for their monitoring purposes. Please see our data privacy policy for more information. [chaptermentalhealth.org/privacy-policy](http://chaptermentalhealth.org/privacy-policy)

### Declaration

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent termination of the volunteer role. Where applicable, I consent that the organisation can seek clarification regarding professional registration details. By signing below you agree to this declaration.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | | |
| Name: |  | Date: |  |

### Next Steps

After we have received your completed application form a member of staff will contact you to arrange an informal interview where we can learn more about each other and you can ask any questions you may have.