VOLUNTEED ARRUSATION FORM										
VOLUNTEER APPLICATION FORM										
1. Personal Info	mation									
Title:	Forename(s):		Surname:							
Known as:										
Any previous nan	nes by whi	ich you have been knowr	า:							
Date of Birth:										
Home Address:										
Postcode:										
Daytime Tel No:		Mobile Tel No:		Evening Tel No:						
Email Address:		l								
2. Education, Training & Qualifications Information Please give details of any relevant training and qualifications which you feel equip you to work with children, young people and/or vulnerable adults. Please include dates.										
3. Employment & Voluntary Work Experience										
Please provide a full history (with dates wherever possible) of any previous experience you may have of looking after and/or working with children, young										
people and/or vulnerable adults, whether paid or voluntary.										
4. Church Involvement										
Please provide a full history (with dates wherever possible) of your church involvement (current and previous).										
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5. Why do you w										
Please tell us why you wish to volunteer to work with children, young people and/or vulnerable adults and the skills & qualities you think you would bring to the										
role. Please also tell us about any skills or experience you hope to gain through										
this opportunity:										
6. Health Information										
Please provide information about any disability or health issue that we should be										
aware of in order that we can identify what support or reasonable adjustments we can provide for you to undertake volunteering duties safely.										

7. References At least 2 references will be sought using the information provided at sections 3 & 4 above. Please also provide details of personal referees here. Referees must be over 18 and not be family members or relatives. Please note that 'Self-supplied', 'to whom it may concern' and verbal references will not be accepted.						
Name:	Telephone No:					
Address (including postcode):	Email Address:					
In what capacity do you know this person?						
Name:	Telephone No:					
Address (including postcode):	Email Address:					
In what capacity do you know this person?						
8. Declaration						
I confirm that to the best of my knowledge form is correct and I accept that providing result in my termination of my role as a vo I understand that any offer of appointment satisfactory pre-appointment checks as we Declaration Form and satisfactory discloss Service at the appropriate level, where this on the volunteer role description. I understand that if I am appointed to a vo period and that I will be expected to compand undertake relevant safeguarding train	deliberately false information could lunteer. to a volunteering role is subject to ell as completion of a Confidential ure from the Disclosure and Barring is a requirement of the role as stated lunteering role there will be a settling in lete a volunteer induction programme ing.					
Signed:	Print Name:					

Date:

For Office Use only. Not to be completed by Applicant									
	Required	Requested	Received / Completed	Satisfactory	Approved by	Date			
Reference 1	Yes								
Reference 2	Yes								
DBS* Check									
Safeguarding Training									
	Required	Completed				Date			
Basic Awareness	Yes								
Raising Awareness of Domestic Abuse	Yes								
Foundation	Yes/No								

<sup>\*</sup>The need for a Disclosure and Barring Service (DBS) Check is decided by Pauline Weaver contact the Parish Office to ask, please.

Parish Office email is parishoffice@kingsnorton.org.uk

