



**Supporting Children & Young People
diagnosed with brain tumours and their families.**

VOLUNTEER APPLICATION FORM

PERSONAL DETAILS

Title		Surname		First Names			
Age Range (please tick)							
Under 14		19-24		45- 54		75-84	
14-16		25-34		55-64		85+	
17-18		35-44		65-74			
Home Address			Mobile Number				
			Telephone number				
Email							
Preferred Method of Communication (please tick)							
Mobile		Home Telephone		Email		Post	

EMERGENCY CONTACT

Name	
Contact Number	

For insurance purposes we need to ask if you are under 16 years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	---

VOLUNTEERING

Have you ever done voluntary work before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---

Please tick any of the following that interest you:

Admin	<input type="checkbox"/>	Counselling	<input type="checkbox"/>	Information and Advice	<input type="checkbox"/>	Outreach	<input type="checkbox"/>
Arts & Crafts	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	IT	<input type="checkbox"/>	Reception	<input type="checkbox"/>
Befriending	<input type="checkbox"/>	Dementia Befriending	<input type="checkbox"/>	Languages	<input type="checkbox"/>	Shop Assistant	<input type="checkbox"/>
Community events	<input type="checkbox"/>	Drivers	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>
Complementary Therapy	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Older people	<input type="checkbox"/>	Young people	<input type="checkbox"/>

Please mention any other areas you may be interested in:

Please tick the sessions you could be available as a volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

How many hours a week can you volunteer for?

How long can you volunteer for? (Some roles require 3-4 months):

If offered a Volunteer role when are you available to start with us?

What would you like to achieve through your voluntary work?

Do you have any access requirements or support needs? (e.g. large print, induction loop, wheelchair access)

How did you hear about our organisation?

Is there a specific organisation you would like to volunteer for?

Is there any organisation you would not like to volunteer for?

WORK EXPERIENCE

Please give brief details of any voluntary or paid experience for the last three positions. Please start with your most recent.

Role title and dates	Name, address of employer or voluntary organisation	Main duties, responsibilities, areas of duties

SKILLS AND INTERESTS



Please list any skills and interests e.g. other languages spoken and written, leisure and social activities which you can offer.

Skill and interests

ELIGIBILITY AND CONSENT

Please confirm that you have checked your eligibility to volunteer in this country in accordance to relevant legislations?	Yes No <input type="checkbox"/>
--	------------------------------------

Please confirm that you are happy for us to store your information for volunteer purposes?	Yes No <input type="checkbox"/>
---	------------------------------------

Please confirm that you are happy for us to share your information with other organisation's within DLF and partners for volunteer purposes only? (Information will only be shared with the organisation you wish to volunteer with. Organisation's are Hillingdon Carers, Harlington Hospice, DASH, Hillingdon Mind, Age UK Hillingdon, Carers Trust Thames and Alzheimer's Society)	Yes No <input type="checkbox"/>
---	------------------------------------

REFERENCES

Please give details of two referees who have knowledge of you in a working, educational, religious/faith (such as priest, rabbi, etc), support or voluntary environment. They should **not** include relatives or personal friends. By signing the form, you have given consent to obtain references.

Name of Referee 1	Name of Referee 2
Role or Job Title	Role or Job Title
In what capacity does this person know you?	In what capacity does this person know you?
Address, Telephone No, Email	Address, Telephone No, Email

CRIMINAL CONVICTIONS – REHABILITATION OF OFFENDERS ACT 1974

The Rehabilitation of Offenders Act 1974 makes it unlawful for employers, or prospective employers, to take into account offences deemed to be rehabilitated i.e. *spent*. We only ask prospective employees or volunteers to provide details of convictions and cautions that we are legally entitled to know about. Please note that a conviction will not necessarily exclude you from volunteering, but it will be taken into consideration when accessing your suitability.



Under the Exceptions Amendment 1975 (as amended in 2013) and Order 2000, both *spent* and *unspent* convictions must be disclosed for all work involving vulnerable adults or involving children. Vulnerable adults include those with disabilities or long-term health conditions and the elderly.

For Volunteering in Administrative roles

Do you have any criminal convictions other than those which are spent under the terms of the Rehabilitation of Offenders Act 1974?	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	---

For Volunteering in roles involving vulnerable adults or involving children

Under the Exceptions Amendment 1975 (as amended in 2013) and Order 2000, do you have any criminal convictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	---

For regulated roles (unsupervised contact with vulnerable adults and/or children)

Have you recently completed an enhanced disclosure with full barring check?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---

Signature	
Date	

Thank you for your interest. Please return your completed form to:

Email: recruitment@thedaniellalogunfoundation.org

Post: DLF Recruitment St Matthew's, 93 High Street Yiewsley, UB7 7QH

