



# Volunteer's Application Form

Thank you for your interest in volunteering with our organisation. Please complete the form below and submit it to the address at the end of the form. The information you provide is strictly confidential. We welcome applications from all abilities, backgrounds and communities. *(Click on the shaded area to complete).*

## 1. PERSONAL DETAILS

Surname:	Title:
Forename/s:	
Previous Name/s:	
Address:	Home Telephone Number:
	Mobile Telephone Number:
	Email address:
Postcode:	Occupation:
Name of Emergency Contact:	Emergency Contact No.:

## 2. VOLUNTEER ROLE

What role are you interested in applying for?  
*(Double click on square to select)*

Marketing  Admin  Fundraising  Childcare  other

If other, please give details

## 3. VOLUNTEER'S AVAILABILITY

Please indicate below:

When are you available to volunteer? Weekday  weekend  evening

Dates or days/times you would be unable to come and meet us for a chat?

#### 4. VOLUNTEER'S SKILLS AND INTERESTS

1. **Skills I have** - Special skills, talents, interests I like to use eg; typing, talking to people, writing, working with young people
2. **Things I like to do** - e. g organising fun events, helping with outings, helping raise funds from local people,
3. **Interests I want to develop:** I want to learn more about.....(e.g. early years, out of school childcare provision., administration etc)

#### 5. WHY DO YOU WANT TO VOLUNTEER WITH US?

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#### 6. REHABILITATION OF OFFENDERS ACT, 1974 (Exceptions order, 1975)

Applicants are not entitled to withhold information about past convictions, 'spent' or otherwise, under the terms of the above Act, as the Act made a specific exception in respect of all posts in Academies.

You must disclose any past convictions at the time of your application. In the event of voluntary role being offered and taken up, any failure to disclose such convictions, cautions or warnings etc is likely to result in disciplinary action by the school and may lead to dismissal. Any information may be given on a separate sheet from your application form and will be kept confidential.

In addition, as this post is defined as a 'regulated activity' the successful volunteer applicant will have to be cleared by the Disclosure and Barring (DBS) service. It is a criminal offence for any individual who is named on the ISA Children's Barred List to apply for a post in a 'regulated activity'.

Have you ever received a caution, including conditional cautions, been convicted by a court of any offence, been reprimanded or given a final warning?  
(Double click on square to select)    Yes  No

#### 7. DISABILITY/ HEALTH CONDITIONS

We encourage people with disabilities to apply for volunteers' role and are committed to interviewing all applicants with a disability who meet the essential criteria and to consider them on their abilities.

The Equality Act 2010 defines disability as a person has a disability if:

- they have a physical or mental impairment

- the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

I consider myself to be: Disabled  Non-Disabled

Please indicate below if you require any reasonable adjustments, due to a disability or health condition, to enable you to attend an interview, or which you wish to be taken into account when considering your application.

**8. DATA PROTECTION ACT**

The information you supply will be held for monitoring and evaluation purposes and in connection with the role applied for and any future contact. This information will be kept for a maximum of 18 months from the last contact.

When you sign and return this form you are giving permission to process and hold the information you have supplied on it, including any information you consider to be personal and sensitive. If your application is unsuccessful, the form will be held for up to 6 months and then destroyed.

**9. REFERENCES**

In order to protect the interests of Camberwell After School Project you need to provide two references, who are not related to you by blood or by marriage and who have known you for at least two years. By providing this information you give your consent to Camberwell After School Project to take up references from the names provided. You also give consent to holding and using information you provide in relation to your work at CASP.

Name	Name:
Address:	Address:
Email:	Email:
Telephone Number	Telephone Number:
Title/ Position	Title/ Position:
Relationship to applicant	Relationship to applicant:

**Please note that an offer of volunteer's role cannot be confirmed without receipt of satisfactory references**

**Send completed volunteer's application form to:**

Via email: Carmen.lindsay@caspuk.org

Or

Via Post: Carmen Lindsay MBE  
Camberwell After School Project  
14 Badsworth Road  
Camberwell  
London  
SE5 0JY

*Thank you for your volunteer's application*

*Please continue to Monitoring Section below.*

## 10. MONITORING SECTION

It would be really helpful if you could complete this section for us. We are committed to equality of opportunity and the information you provide will help us to ensure fair and equal treatment of applicants.

### 1) How would you describe your ethnicity?

#### (a) White

- British  
 Irish  
 Any other White background\*

#### (b) Mixed

- White & Black Caribbean  
 White & Black African  
 White & Asian  
 Any other Mixed background\*

#### (c) Asian & British Asian

- Indian  
 Pakistani  
 Bangladeshi  
 Any other Asian background\*

\*(please state below)

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#### (d) Black & Black British

- Caribbean  
 African  
 Any other Black background\*

#### (e) Chinese or other ethnic group

- Chinese  
 Any other ethnic group\*

#### (f) Gypsy/Traveller

- Irish Traveller  
 Romany Gypsy  
 Any other background\*

\*(please state below)

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(g)  Prefer not to state

2) My sex is: Male  Female  Prefer not to state

3) My date of birth is: (DD/MM/YY) Age:

4) The Equality Act 2010 defines disability as a person has a disability if:

- they have a physical or mental impairment;
- the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities.

I consider myself to be: Disabled  Non Disabled

5) My religion is: Buddhist  Christian (all denominations)  Hindu  Jewish   
Muslim  Sikh  None  Prefer not to state   
Other please specify