

VOLUNTEER APPLICATION FORM

YOUR NAME: (Mr/Miss/Mrs/Other)

DATE:

VOLUNTEER POSITION(S) APPLIED FOR: APPROPRIATE ADULT () ONE-TO-ONE SUPPORT ()
GROUP SUPPORT () OTHER:.....

ADDRESS: STUDENT VOLUNTEERS, PLEASE PROVIDE YOUR HOME ADDRESS AND YOUR ADDRESS
WHILST AT UNIVERSITY:

TELEPHONE: DAYTIME:

EVENING:

WHEN IS THE BEST TIME TO CONTACT YOU?

EMAIL ADDRESS:

EMERGENCY CONTACT:

NAME:

RELATIONSHIP:

TELEPHONE DAYS:

EVENINGS:

EMPLOYMENT STATUS: Employed Full-time Unemployed Retired
Employed Part-time Full-time Study Full-time Parent/Carer

REFERENCES

PLEASE SUPPLY THE NAME AND ADDRESS OF TWO REFEREES, WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS. THEY SHOULD BE SOMEONE WHO KNOWS YOU IN A WORK OR PROFESSIONAL CAPACITY E.G. EMPLOYER, MANAGER, COLLEAGUE, TUTOR. THEY SHOULD NOT BE A RELATIVE.

1
NAME:

POSITION:

ADDRESS:

POST CODE:

TEL:

2
NAME:

POSITION:

ADDRESS:

POST CODE:

TEL:

PLEASE TELL US ABOUT YOURSELF; ANY WORK YOU DO/HAVE DONE, ANY OTHER VOLUNTEERING AND ANY HOBBIES OR LEISURE INTERESTS. Please continue on a separate sheet if necessary.

PLEASE USE THIS SPACE TO TELL US WHY YOU WOULD LIKE TO BECOME A MOTIV8 VOLUNTEER AND ABOUT THE SKILLS, KNOWLEDGE AND EXPERIENCE YOU HAVE OR HOPE TO DEVELOP THROUGH VOLUNTEERING WITH US. (A general volunteer role description is attached to assist you in completing this section. Please continue on a separate sheet if necessary)

HOW DID YOU HEAR ABOUT BECOMING A VOLUNTEER (please tick?)

Through a friend

Newspaper (state which one) _____

Leaflet (state where) _____

Poster (state where) _____

PCCS

Other (please state) _____

DATA PROTECTION ACT

INFORMATION YOU GIVE US MAY BE STORED ON A COMPUTER AND USED FOR PURPOSES OF ADMINISTRATION, MONITORING AND EVALUATION. THE KEEPING OF COMPUTERISED PERSONAL RECORDS IS GOVERNED BY THE DATA PROTECTION ACT 1984. THIS ACT GIVES YOU THE RIGHT TO ASK FOR AND TO RECEIVE A COPY OF THE COMPUTERISED INFORMATION HELD ABOUT YOU BY MOTIV8.

ALL INFORMATION OBTAINED BY MOTIV8 WILL BE TREATED WITH THE STRICTEST CONFIDENCE AND WILL NOT BE DISCLOSED TO ANY UNAUTHORISED PERSON. HOWEVER MOTIV8 OPERATES AN OPEN FILE POLICY AROUND INFORMATION HELD ON VOLUNTEERS WHICH MEANS THAT YOU MAY ACCESS ALL INFORMATION HELD ABOUT YOU.

I WISH TO VOLUNTEER WITH MOTIV8 AND THE INFORMATION THAT I HAVE GIVEN IS CORRECT AT THE DATE OF THIS APPLICATION.

FORENAME: _____ SURNAME: _____

SIGNED _____ DATE _____

REHABILITATION OF OFFENDERS ACT 1974

(Exemption) Order 1975, (Exemptions) (Amendments) Order 1986

The provisions relating to the non-disclosure of criminal convictions do not apply to certain occupations and activities. The activities for which you are volunteering are exempted under the above order; therefore it is necessary for you to disclose any criminal conviction even if, under the Rehabilitation of Offenders Act, they would otherwise be regarded as "spent". Any information will be treated with the strictest confidence, and will not exclude you from volunteering unless it is considered that the conviction renders you unsuitable. Failure to disclose this information could lead to your application being rejected.

Have you been cautioned or convicted of any criminal offence at any time? YES/NO*

Have you been charged with any offence which has not yet been brought to trial? YES/NO*

***Delete as applicable.**

If YES to either of the above questions, please give details of the caution(s) or conviction(s) or charge(s) and date(s).



Equal Opportunities Monitoring Sheet

Motiv8 believes in equal opportunities. We want to make sure that we are an equal opportunities employer in practice, which is why we want to monitor our recruitment procedures. We will separate this part of the form from the application form. It will not form part of the selection process.

Please tick the appropriate boxes.

Gender

Male Female If you are undergoing the process of gender reassignment, please tick the box that applies to your future gender

Age Group

18-25 26-35 36-45 46-55 56+

Sexuality

Heterosexual Gay Lesbian Bi-sexual I do not wish to answer

Disability

Do you have a long term illness, condition or disability? Yes No

If yes, please describe any particular needs that you have: _____

Ethnic Origin

Arab Bangladeshi Chinese Indian Pakistani Asian Other Black African

Black Caribbean Black Other White British White European White Irish

White Other Mixed Background

Other (please specify) _____

Thank you!