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**Volunteer Application Form**

**Position Details**

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| --- | --- |
| **Post applied for:**  | **Volunteer** |
| **Service:** | **Liaison and Diversion** |
| **Area:** | [ ]  Hull & East Riding | [ ]  Grimsby | [ ]  Scunthorpe |

**Personal Details**

|  |  |
| --- | --- |
| **Forenames:**  |  |
| **Surname:** |  |
| **Preferred Name:** |  |
| **Street address:** |  |
| **Town/city:** |  |
| **Postcode:** |  |
| **Mobile telephone number:** |  |
| **Home telephone number:** |  |
| **Email:** |  |

**References**

Please give the names and full addresses of two people we may approach on your behalf for a reference. Wherever possible, please provide professional, educational or voluntary position references.

The referees should not be a relative and should have known you for more than two years. Please make sure that the referee is aware that we will be contacting them.

Please contact the Volunteer Coordinator on 07552 326908 if you have a query about the suitability of your references.

|  |  |
| --- | --- |
| **Employer/Volunteer/Student Reference** | **Character/Personal Reference** |
| **Name:** |  | **Name:** |  |
| **Position:** |  | **Position:** |  |
| **How do you know this person?** |  | **How do you know this person?** |  |
| **Address:** |  | **Address:** |  |
| **Telephone:** |  | **Telephone:** |  |
| **Email:** |  | **Email:** |  |

**Screening Questions**

|  |  |  |
| --- | --- | --- |
| Please confirm that you have the legal right to work/volunteer in the UK?Original copies of your documents will be requested from you should you be invited to interview. This could include your passport and visa (if applicable). | [ ]  Yes | [ ]  No |
| Have you worked for/volunteered with Community Links before? | [ ]  Yes | [ ]  No |
| Do you have any criminal convictions?Having a conviction/caution will not necessarily stop you from volunteering, but it will need to be taken into consideration when assessing your suitability. | [ ]  Yes | [ ]  No |
| *If yes, please provide details:* |  |

**Application Questions**

Please answer the three application questions below, using no more than 500 words per answer.

|  |
| --- |
| Please tell us what you know about the Community Links Liaison and Diversion service and why you would like to volunteer with us: |
|  |

|  |
| --- |
| Please tell us about any volunteering experience you have had in the past. Please give dates and places: |
|  |

|  |
| --- |
| Please tell us about any other experience which you think may be relevant when supporting people who have come into contact with the Criminal Justice System Including: Mental health problems, substance misuse, homelessness, applying for benefits e.g. work or lived experience: |
|  |

**Availability**

**Please let us know approximately how many hours a week and the time(s) you may be available:**

|  |  |  |
| --- | --- | --- |
|  | **Morning** | **Afternoon** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |
| **Saturday** |  |  |
| **Sunday** |  |  |
| **Term Time only?** | Yes / No | Yes / No |

**Promotion**

|  |  |
| --- | --- |
| **Please state how you became aware of this volunteering opportunity:**  |  |

**Data Security**

* Information from the application form, equal opportunities monitoring form and DBS disclosure is strictly confidential.
* The Data Protection Act requires that personal information is obtained and processed fairly and lawfully, is only disclosed in appropriate circumstances, and is kept securely.

**Equal Opportunities**

* Community Links (Northern) Ltd. is committed to a policy of equal opportunity in employment.
* We welcome applications from all sections of the community, regardless of sex, marital status, sexuality, age, race, nationality, disability or religious belief.

**Declaration**

**Please sign to confirm you have read and agree to the below statements:**

* I confirm that the information given on this form is correct and complete, and that misleading statements may be sufficient for cancelling any agreements made.
* I also understand that a Disclosure and Barring Service Enhanced Disclosure will be obtained in the event of an offer of employment. The post is excepted from the Rehabilitation of Offenders Act 1974, which means that all convictions, cautions, reprimands and final warnings need to be disclosed, even if they would otherwise be regarded as ‘spent’ under the Act. Please give details of offences, penalties and dates on a separate sheet, including any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for the post.
* I confirm that I am not the subject of any investigation or proceedings by any regulatory body in relation to health/social care including any such body in another country.
* I confirm that I have not been disqualified or been subject to specified limitations following a fitness to practice investigation by a regulatory body, in the UK or another country.
* As part of this application I give Community Links and Inspire North permission to collect, retain and process information about me such as age, gender, ethnic origin. This information will only be used to allow the organisation to monitor compliance with the law and best practice in terms of diversity and equal opportunities.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

**Diversity Monitoring Form (Confidential)**

Community Links recognises and actively promotes the benefits of a diverse workforce and is committed to treating all volunteers with dignity and respect regardless of race, gender, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

This section of the application will be detached and used for monitoring purposes. If you do not wish to complete any part of the monitoring information, you do not have to do so.

|  |  |  |
| --- | --- | --- |
| **1. Gender:** | [ ]  Male | [ ]  Female |
| **2. Is this the gender you were assigned at birth?** | [ ]  Yes | [ ]  No |
| **3. Sexual Orientation:** | [ ]  Heterosexual | [ ]  Gay/Lesbian |
| [ ]  Bisexual | [ ]  Other |
| [ ]  Don’t know/not sure | [ ]  Prefer not to say |
| **4. Religion:** | [ ]  Agnostic/None | [ ]  Atheism | [ ]  Buddhism |
| [ ]  Christian (Protestant) | [ ]  Christianity (Catholic) | [ ]  Christianity (Other) |
| [ ]  Hinduism | [ ]  Islam | [ ]  Jainism |
| [ ]  Judaism | [ ]  Sikhism | [ ]  Other |
| **5. Do you have any children below the age of 18 living with you?** | [ ]  Yes | [ ]  No |
| **6. Have you ever experienced mental health problems?***The following statements provide some guidance as to the definition. It could have included one or more of the following:** *a time when you sought support from a GP who gave you sickness absence for an emotional or mental health problems*
* *you have had/are having long-term counselling related to your mental health well-being*
* *you have been seen by a Psychiatrist, Community Psychiatric Nurse or Psychologist for treatment/support*
* *you have been prescribed some form of medication for the way you were feeling*
* *you have had a period of time in a psychiatric unit*
* *you have attended psychiatric out-patients/day hospital etc.*
 | [ ]  Yes | [ ]  No |
| **7. Do you have experience of being a carer (not just within mental health)?** | [ ]  Yes | [ ]  No |

|  |  |
| --- | --- |
| **8. Ethnicity:** | **White** |
| [ ]  British | [ ]  Irish |
| [ ]  Any other background |
| **Black or Black British** |
| [ ]  African | [ ]  Caribbean |
| [ ]  Any other background |
| **Asian or Asian British** |
| [ ]  Bangladeshi | [ ]  Chinese |
| [ ]  Indian | [ ]  Pakistani |
| [ ]  Any other background |
| **Dual Heritage** |
| [ ]  White and Black African | [ ]  White and Black Caribbean |
| [ ]  White and Asian | [ ]  Any other background |
| **Any other ethnic background** |
| [ ]  Arab | [ ]  Any other background |
| **9. Disability:***Do you consider yourself to have a condition or impairment that has a substantial and long term adverse effect on your ability to carry out normal day to day activities in line with the Equality Act 2010?**If so, please indicate all that apply:* |
|  | [ ]  Learning disability/difficulty | [ ]  Long-standing illness |
| [ ]  Mental health condition | [ ]  Physical impairment |
| [ ]  Sensory impairment | [ ]  Other |