

# Volunteer application form

Surname: Mr/Mrs/Miss/Ms

Forename(s):

.....  
Previous names

.....  
Date of birth:

.....  
Address:

.....  
Home telephone:

.....  
Postcode:

.....  
Work telephone:

.....  
Mobile telephone:

.....  
E-mail:

.....  
Ethnicity:

.....  
Disability:

.....  
Times available (please tick when available):

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

## Education:

School/College	Qualifications/Training	From	To

## Previous paid employment or voluntary work:

Place of work	Reason for leaving	From	To

Volunteer role applying for? .....

## Rehabilitation of Offenders Act 1974

Owing to the nature and location of the work, the opportunity is exempt from the previous provisions of the above Act, therefore, applicants are not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. **The Authority will check information provided under this heading.**

Do you have any unspent cautions, reprimands, warnings, bind-overs or any pending prosecutions? Yes  No

Are you disqualified from working with children or vulnerable adults or subject to any sanctions imposed by a regulatory body e.g. GSCC? Yes  No

In order to comply with our **Valuing Diversity Policy** Please indicate if you have a disability Yes  No

If YES, please give details in your application

## Data Protection Act

In accordance with the ACT, you should be aware that your personal details submitted with this application form, will be used only for selection and interview procedures, and for volunteering records if the application is successful. Your information will be stored securely and only accessible to relevant persons in the course of their duties.

## Declaration

I declare that, to my best knowledge and belief, all statements contained in this form are correct and I understand that, should I conceal any material fact, I will, if engaged, be liable to the termination of my contract of service with such notice as may be appropriate.

Signature: ..... Date: .....

## References (Please provide details of two referees):

(Referee must have known applicant for a minimum of 12 months but must not be related to them):

Please return the Volunteer Application form to:

[lena.grant@bolton.gov.uk](mailto:lena.grant@bolton.gov.uk)

Lena Grant  
Development worker  
5-19 Service  
Castle Hill Centre Room 133-135  
Castleton St  
Tonge Moor  
Bolton  
BL2 2JW  
Direct line: 01204 334338  
Mobile: 07789031609

### Reference 1

Name  
Address  
E-mail  
Tel no

### Reference 2

Name  
Address  
E-mail  
Tel no

**Please note DBS check will only be done on receipt of 2 satisfactory references.**

**Bolton Council is committed to safeguarding and promoting the welfare of children, young persons and vulnerable adults and we expect all volunteers to share that commitment. Fair and thorough recruitment and interview process are in place throughout the Council**