# Volunteer Application Form

|  |  |
| --- | --- |
| First name(s) |   |
| Surname: |   |
| Address   |   | Postcode: |
| Home tel. No. | Mobile tel. no.  |
| Date of Birth: |  |
| Email address: |   |
| Current place of work/study  |      |
| Name of next of kin |  Relationship:  |
| Tel no. of next of kin |    |

**Thank you for showing an interest in volunteering for Spoons. Can you explain briefly what area of volunteering interests you? e.g. parent support on the unit, community group leader, fundraising, PR, baking, sibling support, admin**

**Do you have experience of neonatal care and in what capacity? e.g parent, grandparent, healthcare professional**

**Please outline any skills or experience you have that will support your role as a volunteer**

**Please outline any qualities you have that will support your role as a volunteer**

**Please explain why you want to volunteer for Spoons**

**Declaration of Confidence**

I confirm that I will hold in the strictest confidence any personal information concerning families which may become known to me during the course of my duties as a volunteer for Spoons and that I will not divulge such information nor discuss it with colleagues in any public place.

I also understand that any disclosure of such confidential information by me will result in the termination of my duties as a volunteer.

I have read and understand all of the above, and certify that the information on this form is true and complete.

**Signature: Date:**

**Rehabilitation of Offenders Act**

Please give details of any spent convictions, prosecutions pending or criminal convictions you may have had for which you have not yet been rehabilitated as volunteering can involve direct contact with people who are receiving a health service. Any such information will be treated entirely confidentially and will be considered only in relation to applications for positions covered by the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975).

Have you at any time received, or had any criminal convictions, cautions, reprimands or final warnings? Yes No

If yes, enter details (i.e. date, type of offence/sentence/fine imposed etc.):

**Monitoring Information**

*This section of the application form will be detached from your application form and will be used for monitoring purposes only.*

Spoons Charity recognise the benefits of a diverse team of volunteers and is committed to treating all volunteers with dignity and respect regardless of race, gender, disability, age, religion or belief. We therefore welcome applications from all sections of the community.

|  |  |
| --- | --- |
| Date of Birth |   |
| Gender | ◻ Male ◻ Female ◻ I do not wish to disclose this  ◻ Other please state………………………………………………….  |
| Sexual orientation  | Do you consider yourself to be?☐ Bisexual ☐ Gay man ☐ Lesbian / gay woman ☐ Heterosexual / straight ☐ Other (please state below)……………………………………………………………………………  |
| Gender Identity  | Is your gender identity the same as the gender you were assigned at birth?☐ Yes ☐ No ☐ I do not want to disclose this  |

**Race Relations (Amendment) Act 2000**

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| I would describe my ethnic origin as: |
| **Asian or Asian British**◻ Bangladeshi ◻ Indian◻ Pakistani◻ Any other Asian background**Black or Black British**◻ African◻ Caribbean◻ Any other Black background | **Mixed**◻ White & Asian◻ White & Black African◻ White & Black Caribbean◻ Any other mixed background**White**◻ British◻ Irish◻ Any other White background | **Other Ethnic Group**◻ Chinese◻ Any other ethnic group ◻ I do not wish to disclose this   |

**Employment Equality Regulations 2003**

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| Please indicate your religion or belief |
| ◻ Atheism ◻ Buddhism ◻ Christianity ◻ Islam  | ◻ Jainism◻ Sikhism◻ Other | ◻ Judaism◻ Hinduism◻ I do not wish to disclose this |

**Disability Discrimination Act 1995**

The Disability Discrimination Act protects disabled people. This includes people with long-term health conditions. If you tell us that you have a disability we can make reasonable adjustments to where you volunteer.

|  |  |
| --- | --- |
| Do you consider yourself to have a disability?  | ◻ Yes ◻ No◻ I do not wish to disclose this information |
| Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark ‘other’. |
| ◻ Physical Impairment ◻ Learning Disability/Difficulty ◻ Sensory Impairment ◻ Long-standing illness ◻ Mental Health Condition ◻ Other  |
| Please indicate if you will need any adjustments making when you attend for an interview:  |

**References**

Please state the names and contact details of the people who have agreed to supply references covering a minimum of 3 years employment/training. If you are or have been employed, these should include your two most recent employers, your line manager or someone in a position of responsibility who can comment on your work experience, competence, personal qualities and suitability for the role as a volunteer. If you are a student please provide contact details of a teacher or tutor at your school, college or university. If you have not been in employment for a considerable amount of time but have had previous employment, then you should seek one reference from your last known employer and a personal reference from a person of some standing within your community i.e. doctor, solicitor, MP etc. Where it is not possible to obtain any employer reference at all then please obtain two personal references. Where no personal reference can be obtained then references should be sought from personal acquaintances not related to or involved in any financial arrangement with you. If you have undergone training to return to work then the academic institution should be contacted. If you are, or have been employed one of these should be your most recent employer and one from someone from your faith/belief community. **Personal references such as relatives can not be used.**

**Referee 1**

|  |  |  |  |
| --- | --- | --- | --- |
| \*Surname |   | First Name |   |
| Title |   |
| Job Title |   |
| \*Address |   |
| \*Post Code |   | \*Country |   |
| Telephone |   | Fax |   |
| Email |   |
| \* Relationship |   |
|  |  |  |  |  |

**Referee 2**

|  |  |  |  |
| --- | --- | --- | --- |
|  \*Surname |   |  First Name |   |
| Title |   |
|  Job Title |   |
| \*Address |   |
| \*Post Code |   | \*Country |   |
| Telephone |   |  Fax |   |
| Email |   |
| \* Relationship |   |   |   |
|  |  |  |  |  |  |

**Please return this form to care@spoons.org.uk**