

Volunteer Application Form – Form Vol 13

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| 1. Please state the volunteer post(s) that you are interested in: |  |

1. Your Contact Details (please tick your preferred method of contact)

|  |  |
| --- | --- |
| Your name: |  |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Mobile: |  | **🞏** |
| Email: |  | **🞏** |

1. **Preferred locations to volunteer in (please list up to 4 locations)**

|  |  |  |  |
| --- | --- | --- | --- |
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1. **To support your application please answer the following questions**

**What challenges do you think the young people Depaul support face, and what type of assistance may they need to overcome them?**

**What challenges do you think you might face within your voluntary role?**

**What skills and knowledge do you think an effective volunteer could bring to Depaul and support young people?**

In your own words, please tell us why you are applying for this position and what you hope to gain from your time as a volunteer with Depaul

Please give details of any relevant work, voluntary, training and/or life experience that you have that might be relevant to this role. (Please continue on a new page if necessary).

Because of the nature of our work with young people, we need to know:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a criminal record? \* | YES |  | NO |  |

\*NB. This includes 'spent' convictions as defined by the Rehabilitation of Offenders Act 1974. We undertake Police Checks for all volunteers who are likely to come into contact with Depaul UK clients.

If the answer is YES, we may wish to discuss it with you. It will not necessarily prevent you from becoming a volunteer. If you wish, you may give further details below:

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1. **Please provide the names and addresses of two referees, at least one (but preferably both) of which should know you in a professional capacity - e.g. employer, volunteer manager, teacher etc.** (block capitals):

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| --- | --- | --- | --- |
| Referee 1 |  | 2 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address 1 |  | | 2 |  | | |
|  | |  | | |
|  | |  | | |
| POSTCODE: |  | POSTCODE: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone 1 |  | 2 |  |
| Email 1 |  | 2 |  |

What is your relationship to the referees?

|  |  |  |  |
| --- | --- | --- | --- |
| 1 |  | 2 |  |

1. **I confirm that the information given on this form is correct to the best of my knowledge.**

|  |  |
| --- | --- |
| Signed: |  |

|  |  |  |
| --- | --- | --- |
| Date: |  | |
|  | | |
| If you need any assistance completing this form please contact your local volunteering and mentoring coordinator.  Please return this form to: [volunteering@depaulcharity.org.uk](mailto:volunteering@depaulcharity.org.uk)  Tel: 0191 253 6191 | | |
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