



Volunteer Application Form

Please complete this form electronically using electronic signature and submit saved copy to recruitment@sololifeopportunities.org

SoLO takes your privacy very seriously, and we will only use the data collected on this form to enable us to deliver a safe and high-quality service. The information will be shared only on a need to know basis and with your permission. Your data will be stored in password protected systems or secure storage. If at any time you wish to withdraw your consent for us to hold this data, you may do so by contacting us either by phone, email or letter.

Name:					
Address:					
Home Telephone Number:					
Mobile Number:					
Email address:					
Position Applied for:		Volunteer			
Times interested in volunteering <i>(Please tick applicable)</i>		Interested in volunteering with: <i>(Please tick applicable)</i>			
Weekdays <input type="checkbox"/>	Evenings <input type="checkbox"/>	Children	Young Adults	Adults	No Preference
School Holidays <input type="checkbox"/>	Weekends <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I cannot volunteer at these times:					
How many hours are you interested in volunteering?					
Where did you learn about this opportunity?					
Are you subject to any restrictions or covenants which might restrict your volunteering activities?		Yes <input type="checkbox"/>	<input type="checkbox"/>		
If YES, please give full details					

Are you willing to work overtime and weekends if required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give details of any hours which you would not wish to work:		
Have you any convictions (other than spent convictions under the Rehabilitation of Offenders Act 1974)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please give full details:		
Have you ever volunteered for this business before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you related to any person employed by this business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please give full details:		
Have you applied for volunteering with this business before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need a work permit to take up employment in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

What would you most like to achieve from becoming one of our volunteers?

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Education

Details of establishment attended	Dates

Qualifications *(please show most recent first)*

Date	Qualification	Grade

**Details of any previous voluntary experience or experience
working with people with Learning Disabilities**

Date	Details

PERSONAL REFEREES (references are followed up after interview)

Please provide the names, addresses and email details of two people (not relatives) who know you well and to whom a reference request can be made.

Please note: One reference should be from a current or most recent employer, which should come from a business email address, be on company headed paper or with a company stamp. In the case of a personal reference, they should have known you for at least 12 months.

Referee 1	Referee 2
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Email address:	Email address:
Phone No:	Phone No:
How long have you known them and in what capacity?	How long have you known them and in what capacity?

The information provided in this form is to my knowledge correct.

Signed:

Name:

Date:

Statement of Requirement for Disclosure and Barring Service

Disclosure of Criminal Convictions – DBS check

As this post involves working with children/vulnerable adults it is subject to a criminal record check.

Candidates

The candidate will be asked to complete and sign a Disclosure Application Form and provide evidence of identification. The Disclosure Form will be checked under the procedures of the Criminal Records Bureau and you will be issued with a copy of a certificate advising of the outcome.

Code of Practice on the use of disclosure information

The Code of Practice is intended to ensure that the information released will be used fairly and to ensure that sensitive personal information is handled and stored appropriately. If the Disclosure reveals a criminal history, where appropriate it will be discussed with the candidate before an appointment decision is made, but the fact that a person has a criminal record does not automatically render him or her unsuitable for work with children/vulnerable adults. A person's suitability will be looked at as a whole in the light of all the information available.

GDPR (General Data Protection Regulation)

Due to the changes within data protection giving people back control of their personal data we need to ensure you have read and understand the privacy policy concerned.

Before we can process your DBS you will need to have read the privacy policy via the link below

<https://www.gov.uk/government/publications/dbs-privacy-policies>.

I have read the Standard/Enhanced check Privacy Policy for applicants and I understand how DBS will process my personal data and the options available to me for submitting my application.

Signed:
Name:
Date:

Staff Equal Opportunities Monitoring Form

This Information will be kept solely for monitoring purposes

- | | |
|--|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Indian Pakistani |
| <input type="checkbox"/> White-Irish | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> White-Other* | <input type="checkbox"/> Asian-Other* |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> Mixed White/Black Caribbean | <input type="checkbox"/> Black African |
| <input type="checkbox"/> Mixed White/Black African | <input type="checkbox"/> Black Other* |
| <input type="checkbox"/> Mixed White/Asian | <input type="checkbox"/> Other* |
| <input type="checkbox"/> Mixed Other* | |

<p>*Please Specify or advise if you prefer not to say</p>	
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The Disability Discrimination Act states that disability can be physical, sensory or mental and includes conditions such as epilepsy and diabetes which are controlled by prescribed medication. It must be substantial and have a long-term effect (that means the disability must last or be expected to last for 12 months)

Do you feel you have a disability under this definition?

Yes No