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|  | Birmingham Child Contact CentreApplication Form for Volunteers |

Please email your completed Volunteer Application form to: [volunteering@birmccc.org.uk](mailto:volunteering@birmccc.org.uk)

In case of difficulty with this document, please call: **07916 742321.**

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| STRICTLY CONFIDENTIAL | | | | | | | | | | | | | |
| **Surname:** | | |  | | **Forenames(s):** | | | |  | | | | |
| **Address:** | | | | | | | | | | | | | |
|  | | | | | | | | | | **Postcode:** | | |  |
| **Tel:** | **Home:** | | | **Work:** | | | | | | **Email:** | | | |
| When would you be available to start volunteering at our Centre? | | | | | | | | | | | |  | |
| Please provide the names and addresses of two referees. One should not be directly related to you and should be over 18 years of age. One should be someone who knows you professionally. You should have known both reasonably well for at least two years on a personal level. | | | | | | | | | | | | | |
| 1. Name: | | | | | | | | 2. Name: | | | | | |
| Address: | | | | | | | | Address: | | | | | |
|  | | | | | | | |  | | | | | |
| Phone number: | | | | | | | | Phone number: | | | | | |
| Their relationship to you: | | | | | | | | Their relationship to you: | | | | | |
| Health In relation to Health & Safety, it is important that we know if there are any aspects of volunteering at our Contact Centre that you would not be able to cope with. An impairment or health problem does not necessarily exclude you from volunteering at Birmingham Child Contact Centre.  All information given will be treated with the strictest confidence. | | | | | | | | | | | | | |
| Are you registered disabled? | | | | Yes | | No | | | | | | | |
| If yes, what is the nature of your impairment? | | | | | | |  | | | | | | |
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| Are there any other health matters that we should be aware of? |  |
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| It is important to inform us if you should suffer from any illness in the future that may affect your ability to volunteer for the organization or that could put others at risk. | |
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#### REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS ORDER 1975)

Because the voluntary work for which you are applying involves working with children we are obliged to ask you in connection with your Application, to disclose any convictions you may have. Under the conditions of the above Order, you are not entitled to withhold information about convictions which otherwise might be considered spent. A prior criminal conviction may not prevent you from volunteering at our Contact Centre, but failure to disclose relevant convictions in full will result in immediate suspension pending investigation.

Please give below details of any convictions you may have. This information will be treated as strictly confidential but you should be aware that any offer of voluntary work made, will be subject to a satisfactory Disclosure and Barring Service (DBS) check to the enhanced level.

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted by a court of a criminal offence? | Yes 🞏 | No 🞏 |
| If yes, please give details including dates and court where convicted | | |
| Are you subject to any current or outstanding disciplinary procedures or legal action? *If Yes, please give details.* | Yes 🞏 | No 🞏 |
|  | | |
| Disclosure and Barring Service  I am happy to complete a Disclosure Application Form to enable an Enhanced DBS Disclosure to be undertaken.  Signed……………………………………………… Date…………………………………………… | | |

By signing this declaration, I understand that assessors may consult social media sites to determine my suitability as a volunteer with Birmingham Child Contact Centre.

I declare that the information given is true and complete and understand that any wilful

miss-statement or omission may render me liable to dismissal.

Signed: …………………………………………... Date: ……………………………………………

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| **The following questions are optional – but it would really help us to know more about you.** | | | | | | | | | | |
| **Employment Status (please tick)** | | | | | | | | | | |
| Not currently seeking employment | | | | |  | Retired from employment | | | |  |
| Unemployed but seeking employment | | | | |  | In full time employment | | | |  |
| In secondary / higher education | | | | |  | In part time employment | | | |  |
| Involved in training scheme | | | | |  | Duke of Edinburgh | | | |  |
| Self employed | | | | |  | New deal | | | |  |
| Prince’s Trust | | | | |  | School / College placement | | | |  |
| Other | | | | |  | | | | | |
|  | | | | | | | | | | |
| **What experience and skills do you bring to our Child Contact Centre? (please tick)** | | | | | | | | | | |
| Administration |  | | First Aid |  | | Training |  | Clerical |  | |
| Caring for others |  | | Fundraising |  | | Public Relations |  | Finance |  | |
| Catering |  | | Health & Safety |  | | Secretarial |  | Information Technology |  | |
| Organizational |  | | Working with children |  | | Legal |  |  |  | |
| Other (please detail) | |  | | | | | | | | |

**Are there any skills you wish to develop / learn?** ………………………………………………

#### Have you any relevant qualifications or training?

#### What special interests / hobbies do you have?

**Please give details of any other voluntary organization for which you have volunteered, with details of your experience and the dates involved:**

|  |  |  |  |
| --- | --- | --- | --- |
| Voluntary organisation | Date from | To | Position and responsibilities |
|  |  |  |  |

**How did you hear about volunteering at a Child Contact Centre?**

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|  | Equal Opportunities Monitoring Form Birmingham Child Contact Centre |

Birmingham Child Contact Centre has an equal opportunities and diversity policy. In order to check the working of this policy Birmingham Child Contact Centre records the information given below for statistical analysis and policy consideration only. This form will be detached from the application form as soon as the envelope is opened, and filed separately. Completion of this form is not compulsory.

We would be grateful if you could complete the details listed below by highlighting or ticking those that apply to you. If you feel unable to answer any part of this form, please leave blank.

|  |  |  |
| --- | --- | --- |
| **1. I am:** | Male | Female |
| **2. I would describe my ethnic origin as:** | | |
| * White * Mixed * Indian * Pakistani * Bangladeshi * Other Asian | | * Caribbean * African * Other Black * Chinese * Other ethnic group * Not known |
| **3. My age is:** | |  |
| * 21 or under * 22-30 * 31-40 * 41-50 | | * 51-60 * 61-64 * 65 or over |
| **4. Do you have an impairment we will need to support you with?** | | |
| * Yes | | * No |
| **5. Where did you see this post advertised?** …………………….…………………………… | | |