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| **Volunteer Application Form** | | | |
| **Full Name:** | |  | |
| **Address:** | |  | |
| **Telephone Number:** | |  | |
| **Email Address:** | |  | |
| **Role that you are applying for:** | |  | |
| **Please tell us what you would like to gain from volunteering for us:** | | | |
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| **Please tell us about the skills or experiences (work or life) that you have and how you think they will benefit us:** | | | |
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| **Please tell us about any relevant training, qualifications or certificates that you have:** | | | |
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| **Describe what you think the causes of domestic abuse are:** | | | |
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| **Rehabilitation of Offenders Act 1974:** | | | |
| **We may obtain information from the Disclosing & Barring Scheme (DBS) following recruitment as a volunteer.**  **Do you have any unspent convictions? YES / NO**  (please provide details)  **Are you aware of any convictions that would prevent you from working with vulnerable adults or children? YES / NO**  (please provide details) | | | |
| **Do you drive?** | | | YES / NO |
| **If Yes, do you have regular access to a car?** | | | YES / NO |
| **If you do not drive do you have access to public transport?** | | | YES / NO |
| **How would you rate your computer skills (please circle the best description):** | | | |
| Excellent Reasonably Good Fair None at All | | | |
| **Are you confident reading and writing?** (If answered no, please tell us what you might need help with to feel confident with this). | | | YES / NO |
|  | | | |
| **References:**  **We will not contact your referees unless we intend appointing you as a Volunteer. Please give us the details of two people who know you well:** | | | |
| **Referee One:** | | | |
| **Full Name:** |  | | |
| **Email Address:** |  | | |
| **Telephone Number:** |  | | |
| **How do they know you?:** |  | | |
| **How long have they known you?:** |  | | |
| **Referee Two:** | | | |
| **Full Name:** |  | | |
| **Email Address:** |  | | |
| **Telephone Number:** |  | | |
| **How do they know you?:** |  | | |
| **How long have they known you?:** |  | | |

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| **Declaration:** | | | |
| *In accordance with the 1998 Data Protection Act, I agree that include may hold and use personal information about me for volunteering reasons and to keep in touch with me. This information, including that contained in this form, can be stored on both manual and computer files.*  *It will be held* ***securely*** *and* ***only*** *accessed by authorised personnel.* | | | |
| Signature: |  | Date: |  |

Please email this form, along with a completed Equal Opportunities Form to [volunteering@thrivewa.org.uk](mailto:volunteering@thrivewa.org.uk). Thank you!