

<b>Date Application Received:</b>
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**VOLUNTEER APPLICATION FORM**

Please send to [info@supportnorthamptonshire.co.uk](mailto:info@supportnorthamptonshire.co.uk)

<b>Title:</b>	<b>First Name:</b>	<b>Surname:</b>	<b>Date of Birth:</b>
<b>What do you prefer to be called:</b>			
<b>How did you hear about Support Northamptonshire</b>			
<b>Why are you interested in volunteering with us?</b>			

**Personal details:**

<b>Telephone no:</b>	<b>Mobile no:</b>
<b>Email Address:</b>	
<b>Address:</b>	
<b>Postcode:</b>	

**Medical Details:**

<b>GP Surgery</b>	
<b>GP Name</b>	
<b>GP Contact number</b>	
<b>Do you have any additional health issues we should know about e.g. asthma?</b>	
<b>Do you have any additional needs/support requirements for any training or general needs i.e. dyslexia?</b>	
<b>Do you consider yourself to have a disability? If yes please provide details</b>	

### Friends and Family:

<b>Next of Kin or emergency contact</b>	<b>Name:</b>	<b>Address and Telephone No:</b>
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### Information about you

**Please tell us a little bit about you!** (What are your interests, hobbies, likes and dislikes, do you have any skills or talents? What are you good at?) We need this information so we can match you with someone who has shared values and interests.

**We see volunteering as a two way process – you should be rewarded and praised for what you do and helped to achieve what you think is important in your life!**

<b>What do you hope to gain from volunteering your time?</b>	
<b>Do you have any goals or ambitions that we could help you achieve?</b>	
<b>Are there any skills that you would like to share or improve while you are with us?</b>	
<b>What activities listed below would most interest you?</b>	
<b>Examples Services – but there is a lot of other support you can offer</b>	
Community watch Night Shelter Befriending Good Neighbour visits Developing social action projects	

Which days and times would you be available to volunteer (please tick)?

Monday	Tuesday	Wednesday	Thursday	Friday	Weekend

Comments:

### Disclosure and Barring Check (DBS)

You will be required to undertake a DBS Check. Is there anything in your past that you need to inform us of?

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### Risk Assessment: Is there any history of the following:-

	Yes	No	Don't Know		Yes	No	Don't Know
Aggression				Substance / alcohol abuse			
Arson				Self-harm			
Domestic abuse				Sex offences			
Financial abuse				Other please specify			

If yes to any of above please give details:

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### Equality information:

Gender	Please tick as appropriate
Male	
Female	
Age	
0-24 years	
25-64 years	
65+	
Sexual orientation	
Heterosexual	
Homosexual	
Bisexual	

**Marital Status:**

<b>Married</b>		<b>Civil Partnership</b>		<b>Co-habiting</b>		<b>Single</b>	
<b>Separated</b>		<b>Divorced</b>		<b>Widowed</b>			

**Nationality:** British

Yes		No	
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If no please specify

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**Ethnic Background**

<b>White</b>	
English / Scottish / Welsh / Northern Irish UK	
Irish	
Gypsy or Irish Traveller	
Any other white background	
<b>Mixed / multiple ethnic groups</b>	
Mixed ethnic background	
<b>Asian / Asian UK</b>	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Any other Asian Background	
<b>Black / African / Caribbean</b>	
Black	
African	
Caribbean	
<b>Other ethnic group</b>	
Arab	
Other	
<b>Religion or Belief</b>	
No religion	
Christian	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Other religion	
<b>Disability</b>	
Disabled (please give details)	
Not disabled	

**Additional information:**

Please put any additional information that you think we should know about not mentioned in any of the questions above e.g. any cultural or faith needs

**Confirmation**

Support Northamptonshire works with a many organisations. The information provided will ensure your experience while volunteering with us is a positive one and will allow us to find the most suitable person that you can support.

Your information will be kept strictly confidential and will not be shared without your consent except when this is in the interest of public protection.

Please sign below to confirm that you understand how the information will be used.

**Data Protection – How we use your information**

Thank you for completing this form. Your details will be kept on our database. This information will be treated as confidential and not passed to any third party. We may compile statistical data from time to time but this will not include reference to individuals

<b>Name</b>	
<b>Signature:</b>	

## References

Can you please provide details of 2 referees that you have known for at least 2 years and are not members of your immediate family

We will contact them by email, post or phone call and ask a few questions to check to see if you are suitable for the role

### Referee 1 Details

<b>Name:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Job Title:</b>	
<b>Preferred methods of contact and details e.g. email address, phone number etc.</b> (Please provide 2 ways which we can contact you)	

### Referee 2 Details

<b>Name:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Job Title:</b>	
<b>Preferred methods of contact and details e.g. email address, phone number etc.</b> (Please provide 2 ways which we can contact you)	