Private and Confidential

Application for Volunteering: Enhanced
For volunteer roles in regulated activity

Please complete this form and return via email to: info@homestartchams.org.uk or post to: Home Start CHAMS, Crawley Community Action, The Orchard, 1-2 Gleneagles Court, Brighton Road, Crawley, West Sussex, RH10 6AD.
Should you have any difficulty completing this application form e.g. due to a visual impairment, please contact us on 01293 416327.

Position Applied for:	Volunteer: Family Support

1. Personal Details

Surname:		First Name:	

Preferred Title (circle as appropriate): Mr Mrs Ms Miss Dr Other:

Address:	
Post Code:	

Contact Number:		Email:	

How did you hear about *Home-Start?* *(Delete as appropriate)*

Social Media / Word of Mouth / External Event / Website / Google/ University/ Employer /Flyer /Poster

Have you volunteered before? Yes ☐ No ☐

If Yes, please describe what you did and with which organisation(s):

What is your availability? *Please note the minimum time commitment we ask of volunteers is 2 hours per week on a regular basis for at least one year, with occasional additional time for training and support/supervision.*

Weekdays:	All day:		Mornings:		Afternoons:	

All Year:		School Term Time:	

Other (please specify below)

Do you hold a current Driving Licence? Yes ☐ No ☐

Are you willing to drive for *Home-Start?* Yes ☐ No ☐
[Note, your insurance would need to be covered for business use]

Why would you like to volunteer for Home-Start?

Do you have any particular skills or experience relevant to the role you are applying for? *If you are applying for a role as a Family Support Volunteer, it is important you include information relating to your parenting experience and any contact you may have had with children and families*

2. Education

School / College / University	**From**	**To**

3. Current / Last Employment (Please leave blank if not applicable)

Employers Name, Address & Nature of Business	Positions Held	From	To	Reason for leaving

Please use this space if you prefer:

4. References (If you have any difficulty providing this, please chat with a member of Home-Start staff)

Please provide the name, address and contact numbers for TWO referees. These can be paid organisations or friends who have known you for minimum of two years but must **NOT be Family members**. If you have volunteered (in the last 2 years) or are currently volunteering / working with another organisation, then one reference MUST be from your most recent volunteering placement/ employer.

Person 1

Name:	
Email:	
Contact No.	

How is this person known to you?

How long have you known this person?

Contact prior to interview? Yes/No

Person 2

Name:	
Email:	
Contact No.	

How is this person known to you?

How long have you known this person?

Contact prior to interview? Yes/No

5. IMPORTANT NOTICE

Please read the following information carefully before signing and submitting your application.

The post you are applying for is 'exempt' from the Rehabilitation of Offenders Act 1974 and therefore, you are required to declare any convictions, cautions, reprimands and final warnings that are not 'protected' (i.e. filtered out) as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order (as amended). The amendments to the Exceptions Order provide that certain 'spent' convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website. Further information can also be found on the Nacro website.

Disclosure of criminal records will be requested from Disclosure and Barring Services to assist with decision making for this role.
Please note: A criminal record will not necessarily be a bar to an applicant obtaining a volunteer position.
A copy of the following policies are available on request: the Home-Start CHAMS- Ex-Offenders Policy, the Code of Practice and the Home-Start CHAMS Policy on Handling Disclosure information.

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order (as amended)?
Yes / No *(please delete)*

Are you, or have you ever been the subject of fitness to practice proceeding by a UK or overseas licensing regulatory body?
Yes / No *(please delete)*

If you answered yes to any of the above, please disclose the details under separate cover. Please mark a cross on the line below and attach the details in a separate document marked **CONFIDENTIAL** and state your name and the details of the post.

I have attached details separately_____ (Please mark with an X if appropriate.)

CONFIDENTIALITY DECLARATION

During the course of their work, volunteers will be aware of information concerning the Charity's activities, its staff and other personal information relating to children and their families. I understand that this is confidential information must not be used for any purpose other than the performance of duties and must not be divulged to unauthorised persons, nor used for the production of articles, books etc. without the Charity's specific agreement.

YOUR DATA

All the information collected in this form is necessary and relevant to the performance of the volunteer role applied for. We will use the information provided by you on this form, by the referees you have noted, the educational institutions with whom we may undertake to verify your qualifications with and any criminal record checks for recruitment purposes only. Home-Start CHAMS will treat all personal information with the utmost confidentiality and in line with current data protection legislation.

Should you be successful in your application, the information provided, and further information which will be gathered at the relevant time, will be subsequently used for the administration of your volunteering with us.

For more information on how we use the information you have provided, please see our [privacy notice which is available on the Home-Start web site – signpost as necessary to your local Home-Start privacy notice].

I confirm that the information given on this form is correct and that I have not knowingly withheld any material fact. Under the Data Protection Act 2018, I hereby consent for the information in this application form, about myself and others, to be processed by Home-Start CHAMS for the purposes of recruitment. I hereby give my permission to those individuals or organisations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for the described volunteer role and other information as they deem appropriate

Print Name:			
Signature:		Date:	

For successful applicants this application form will subsequently be held on their personnel file, and those who are unsuccessful, it will be held for a maximum of 6 months and then destroyed

Volunteer Monitoring Information

The information you give in this form will not be used for volunteer selection purposes. It helps us to get an overall picture of our volunteer team in comparison with the families we support and the communities we live in. Although this section is optional, we would really appreciate your participation as it can often assist in funding bids and awareness raising.

1. **How did you hear of Home-Start?** (please tick all that apply**)**

	Facebook		Word of Mouth
	Home Start Website		Received Support as a Home-Start Family
	Newspaper/Magazine		Previous Home-Start Experience
	Local Radio		Other:
	Local Voluntary Organisation		

2. **Ethnic Origin (please tick):**

Asian or Asian British
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Mixed/Dual Background
- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed background

Black or Black British
- ☐ Caribbean
- ☐ African
- ☐ Any other Black background

White
- ☐ British
- ☐ Irish
- ☐ Traveller of Irish Heritage
- ☐ Gypsy/Roma
- ☐ Any other White background

☐ **Other ethnic group**

☐ **Prefer not to say**

3. **Age range:**

- ☐ 16-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ Over 65

Date of Birth (Optional):

4. **Gender:**

5. **Do you consider yourself to have a disability: Yes/No**

For Office Use:	**ID:**	**Date rcd:**