

**OFFICE USE ONLY**

**Volunteer Application Form**

**Section 1 – Personal Information:**

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| --- | --- |
| **Full Name** |  |
| **Address** |  |
| **Telephone Number** |  |
| **Email** |  |
| **Preferred Form of Contact** | Email  Mobile  Home Telephone |

* 1. **Please tick box relevant to age Bracket:**

**Under 18**   **18 - 24**   **25 - 34**  **35 -44**  **45 - 54**  **55 - 64**  **65+**

*We request the above information as the majority of Volunteer roles have a minimum age requirement of 18+*

**1.2 Do you have any convictions? Yes  No**

If yes, please state any criminal convictions including those ‘spent ‘under the Rehabilitation of Offenders Act 1974. We request this information as the people we support are often vulnerable. Your answer will not necessarily prevent you from volunteering, but may be discussed with you.

**1.3 Do you have any physical or mental health support needs? Yes  No**

If yes, please give details below (whether diagnosed or undiagnosed). This is asked so that we can be aware of any additional support you may require if undertaking certain, often challenging, volunteering roles (e.g. client facing activities / Mentoring / general client support).

**1.4 Employment status (please tick relevant box)**

Paid employment Job seeker  Retired  Student  Other

*Please give brief details below – if you are a Student, could you please also state your university:*



**Section 2 – Volunteering:**

**2.1 We ask that our volunteers commit to volunteering at least one morning or evening (during the winter period) a week (Monday-Sunday). Please state which day/s and hours you are available:**

**2.2 Please confirm the Volunteer Roles you would be interested in:**

*Please note that we are running a reduced and adapted selection of volunteer roles to ensure our clients,*

*volunteers and staff remain safe. This is reflected in the selection of available roles listed below.*

Kitchen (08.30 - 13.30)  Client Arts / Activities (14.00-16.00pm)

External Fundraising (personal Ideas)  Own Volunteering Idea (see 2.3 below)

Winter Shelter Program Standby Driver (Collection / Delivery)

*(A selection of Evening Opportunities*

*Running from 1/12/21 until 28/2/22)*  Translator

*If ticking Translator role above,* *please state languages spoken (outside of English) / level of fluency below:*

**2.3 Client Activities / Personal Ideas for Volunteering:**

***If you are interested in using your skill or interests to organise or support Client Activities (e.g. book club, film club, art activities), or you have any ideas for volunteering roles you would like to suggest, please feel free to list them below:***

**2.4 What do you think you will gain from the experience of volunteering at Catching Lives?**

**2.5 How did you hear about Volunteering opportunities at Catching Lives?**

*For example: Newspaper Article/Student Union Website/Current Volunteer/Volunteering Organisation/Catching Lives’ Website/Religious Groups (please specify).*



**2.6 How long would you hope to commit as a volunteer with Catching Lives?**

Three Months  Six Months  One Year  More than a Year

2.7 **Here at Catching Lives, we predominantly use email contact and relevant Mailing Lists to keep our active Volunteers appraised of upcoming shifts and any news or events relevant to the Charity.**

**Are you happy to consent to be added to the Catching Lives Mailing List following a successful Induction and confirmation of your first shift:**

*Yes, please add me to your Mailing List following a successful Induction*

*No, please do not add me to your Mailing List*

**Section 3 - Reference Details:**

Do to the vulnerable nature of our client base, we do ask that you provide a reference as part of your Volunteer Application.

Referees should have a ‘professional’ relationship to you i.e. a past / current employer, Doctor, Teacher / Tutor, Social Worker or similar. References from relatives or friends cannot be accepted.

If you are finding it difficult to obtain a suitable reference, please discuss this with the Volunteer Co-ordinator at Catching Lives.

|  |  |  |
| --- | --- | --- |
| **Referee name:** |  | |
| **Business name and Address:** |  | |
| **Telephone number** | **Work:** | **Mobile:** |
| **Email:** |  | |
| **Occupation:** |  | |
| **Relationship to you:** |  | |

***Enhanced disclosures are required when volunteering with vulnerable individuals.***

Please sign to state that the information that you have provided on this form is true and that you have no objection to the organisation applying for enhanced disclosures from the disclosure and barring service (DBS) if deemed necessary for the role you are going to undertake.

**Signed:** **Date:**