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| **VOLUNTEER APPLICATION FORM**  Thank you for your interest in volunteering with The Haven Wolverhampton. Volunteers play a key role in providing vital support to those who access our services. Therefore, if you are interested in volunteering with us, please complete the following application form.  Once completed, please send it via email to **linda.thurman@havenrefuge.org.uk** |

## PERSONAL INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | Day | Month | Year | | |
|  |  | | | | | |
| **Name** | Click here to enter text. | | | **Surname \*** | Click here to enter text. | |
|  |  | | | | | |
| **Address Line** | Click here to enter text. | | | **Town/City** \* | Click here to enter text. | |
|  |  | | | | | |
| **County** | Click here to enter text. | | | **Country** \* | Click here to enter text. | |
|  |  | | | | | |
| **Post Code** | Click here to enter text. | | | | | |
|  |  | | | | | |
| **Landline No** | Click here to enter text. | | | **Mobile No** \* | Click here to enter text. | |
|  |  | | | | | |
| **Email** | Click here to enter text. | | | | | |
|  |  | | | | | |
| **Birth Date** | Day | Month | Year | | |
|  |  | | | | | |
| **Do you require any support or adjustments to enable you to take part in the selection process?** | -Select- | | | | | |
|  |  | | | | | |
| **If yes, please give details** | Click here to enter text. | | | | | |
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| INFORMATION IN SUPORT OF YOUR APPLICATION |

**Why do you want to volunteer at The Haven Wolverhampton?**

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|  |

**What skills, qualities and attributes do you have that can support the work we do?**

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|  |

**Have you volunteered before?** If yes, please tell us about your experience

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|  |

**Do you have any hobbies or interests that you would like to use when volunteering with The Haven Wolverhampton?** (e.g. teaching English, supporting as an interpreter, delivering cooking classes, music, arts and crafts workshops, therapeutic sessions such as reiki, physiotherapy, reflexology)

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## EDUCATION / TRAINING (start with most recent)

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| **Name of Institution 1** | Click here to enter text. | | | |
|  |  | | | |
| **Start Date** | Day | Month | | Year |
|  |  |  | |  |
| **Present** (tick if relevant) |  | | | |
|  |  | | | |
| **End Date** | Day | Month | | Year | |
|  |  | | | |
| **Qualification** | Click here to enter text. | | | |
|  |  | | | |
| **Level/Grade** | Click here to enter text. | | | |
|  |  | | | |
| **Name of Institution 2** | Click here to enter text. | | | |
|  |  | | | |
| **Start Date** | Day | Month | Year | |
|  |  | | | |
| **End Date** | Day | Month | Year | |
|  |  | | | |
| **Qualification** | Click here to enter text. | | | |
|  |  | | | |
| **Level/Grade** | Click here to enter text. | | | |
|  |  | | | |
|  |  | | | |
| **Name of Institution 3** | Click here to enter text. | | | |
|  |  | | | |
| **Start Date** | Day | Month | Year | |
|  |  | | | |
| **End Date** | Day | Month | Year | |
|  |  | | | |
| **Qualification** | Click here to enter text. | | | |
|  |  | | | |
| **Level/Grade** | Click here to enter text. | | | |

## PREVIOUS EMPLOYMENT (start with most recent)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organisation 1** | Click here to enter text. | | | |
|  |  | | | |
| **Start Date** | Day | Month | | Year |
|  |  | | | |
| **Present** (tick if relevant) |  | | | |
|  |  | | | |
| **End Date** | Day | Month | | Year |
|  |  | | | |
| **Role** | Click here to enter text. | | | |
|  |  | | | |
| **Reason for Leaving** | Click here to enter text. | | | |
|  |  | | | |
|  |  | | | |
| **Organisation 2** | Click here to enter text. | | | |
|  |  | | | |
| **Start Date** | Day | Month | Year | |
|  |  | | | |
| **Present** (tick if relevant) |  | | | |
|  |  | | | |
| **End Date** | Day | Month | Year | |
|  |  | | | |
| **Role** | Click here to enter text. | | | |
|  |  | | | |
| **Reason for Leaving** | Click here to enter text. | | | |
|  |  | | | |
|  |  | | | |
| **Organisation 3** | Click here to enter text. | | | |
|  |  | | | |
| **Start Date** | Day | Month | Year | |
|  |  | | | |
| **Present** (tick if relevant) |  | | | |
|  |  | | | |
| **End Date** | Day | Month | Year | |
|  |  | | | |
| **Role** | Click here to enter text. | | | |
|  |  | | | |
| **Reason for Leaving** | Click here to enter text. | | | |
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## ADDITIONAL INFORMATION

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| **How long do you hope to volunteer for at The Haven Wolverhampton?** | Less than 3 months |  | 3-6 Months |  | 6-12 Months |  | 12 Months + |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Please indicate by ticking day and time of day you are available to volunteer with us. Please note, evening and weekend work is only available for certain positions. | | | | | | | | |
|  | | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** (hostels and shop only) | **Sunday** (hostels only) |
| **Morning** | |  |  |  |  |  |  |  |
| **Afternoon** | |  |  |  |  |  |  |  |
| **Evening** (hostels only) | |  |  |  |  |  |  |  |

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| **Do you hold a full, clean driving license?** | -Select- |

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| REHABILITATION OF OFFENDERS ACT 1974 | | | | | |
| Due to the nature of The Haven’s work, all our posts are exempt from the provisions of the Rehabilitation of Offenders Act 1974. 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 1975 (as amended in 2013). | | | | | |
| *Please complete the following declaration:* | | | | | |
| **Do you have any convictions, cautions, reprimands or final warnings which are not ‘protected’ as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? \*** | Yes |  | No |  | |
| \* If yes,please declare details in a sealed envelope marked for the attention of the Volunteer Service Coordinator at The Haven Wolverhampton. Please mark “Private and Confidential”  All applicants will be subject to a Disclosure and Barring Service (DBS) check before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as all convictions. Any information provided will be treated as confidential.  Having a criminal record will not necessarily bar you from volunteering for The Haven Wolverhampton. This will depend on the nature of the volunteer role you have applied for and the circumstances and background to the offence. If there are any discrepancies between the information declared and the information on the Disclosure received, it will be necessary for The Haven to consider whether or not to withdraw a conditional offer of volunteering. Any matter revealed by the DBS check will be discussed with the applicant prior to making a final decision.  *Please complete the following declaration:* | | | | | |
| **I understand that the volunteer role I have applied for is subject to a Disclosure and Barring Service (DBS) check. I hereby give consent for The Haven to carry out a DBS check if I am made a conditional offer of volunteering.** | Yes |  | No |  | |
|  | | | | |

## OPPORTUNITIES AVAILABLE – REFER TO WEBSITE

## REFERENCES

|  |
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| Your placement/volunteering will not commence until we receive your references. Please provide us with names and contact details of two referees who we can contact. Please note that your referees should know you well enough to comment on your ability to volunteer at The Haven Wolverhampton. Please ensure you ask your referees for a swift response.  We accept references from a previous employer, lecturer, friend or neighbour. Please note that we do not accept references from a family member. Please ensure you include reference letters with your application. |

|  |  |
| --- | --- |
| **Reference 1** |  |
|  |  |
| **Name** | Click here to enter text. |
|  |  |
| **Position** | Click here to enter text. |
|  |  |
| **Address Line** | Click here to enter text. |
|  |  |
| **Town/City** | Click here to enter text. |
|  |  |
| **County** | Click here to enter text. |
|  |  |
| **Post Code** | Click here to enter text. |
|  |  |
| **Telephone No** | Click here to enter text. |
|  |  |
| **Email** | Click here to enter text. |
|  |  |
| **Relationship** | Click here to enter text. |
|  |  |
| **How long have you known this person?** | Click here to enter text. |
| *Please attach a reference letter* |  |

|  |  |
| --- | --- |
| **Reference 2** |  |
|  |  |
| **Name** | Click here to enter text. |
|  |  |
| **Position** | Click here to enter text. |
|  |  |
| **Address Line** | Click here to enter text. |
|  |  |
| **Town/City** | Click here to enter text. |
|  |  |
| **County** | Click here to enter text. |
|  |  |
| **Post Code** | Click here to enter text. |
|  |  |
| **Telephone No** | Click here to enter text. |
|  |  |
| **Email** | Click here to enter text. |
|  |  |
| **Relationship** | Click here to enter text. |
|  |  |
| **How long have you known this person?** | Click here to enter text. |
| *Please attach a reference letter* |  |

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| EQUAL OPPORTUNITIES MONITORING FORM | | | | | | | | | | | |
| We are committed to equal opportunities in our recruitment process and, in order to find out how well we are doing with this, we need to collect equal opportunites monitoring data. Completing this monitoring form is voluntary but the information we collect here is very useful as it helps us to make sure that we are an inclusive organisation. The information you supply on this form will be kept in strictest confidence. Monitoring information is not used as part of the selection process. | | | | | | | | | |
|  |  | | | | | | | | | |
| **Age** | 20 or under |  | | 21-30 | |  | | 31-40 |  | |
|  | 41-50 |  | | 51-60 | |  | | 61 & over |  | |
| **Gender** | -Select- | | | | | | | | | |
|  |  | | | | | | | | | |
| **Nationality** | -Select- | | | | **Ethnicity** | | -Select- | | | |
|  |  | | | | | | | | | |
| **Do you regard yourself as having a disability?** | -Select- | | | | | | | | | |
|  |  | | | | | | | | | |
| **If yes, please give details or state ‘prefer not to say’:** | Click here to enter text. | | | | | | | | | |
|  |  | | | | | | | | | |
| **How did you hear about volunteering at The Haven Wolverhampton?** | | | -Select- | | | | | | | | |
|  | | |  | | | | | | | | |
| If other, please specify | | | Click here to enter text. | | | | | | | | |